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AUTHOR Hale, Allen
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ABSTRACT

As part of the training package for Driver Improvement Analysts, this study guide is designed to serve as the basic reference source for the students/trainees. It reinforces and supplements subject material presented in the Instructor's Lesson Plans. Subjects covered are objectives and requirements, psychology of driving, characteristics of the problem driver, vehicle and traffic laws, traffic offenses and violations, traffic accidents, human communication, effective human relations, background for interviewing and counseling, and legal aspects of driver improvement and control actions. A 76-item bibliography is included. (For related Instructor's Lesson Plans and Course Guide, see CE000338 and CE000340.) (MS)

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basic training program

driver improvement analyst

student study guide

U.S. Department of Transportation
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U.S. Department of Transportation
National Highway Traffic Safety Administration
Washington, D.C. 20590

July 1973

FOREWORD

In support of nationwide efforts to improve and control the behavior of problem drivers (drivers who experience excessive traffic violations and/or traffic accidents), this Basic Training Program for Driver Improvement Analyst has been developed. The intent of this program is to establish a national guideline and uniform basis for motor vehicle administration agencies to provide basic operational training for entry level driver improvement personnel.

The training package is composed of three documents:

- Course guide - developed to aid in the organization and conduct of the training program
- Instructor's Lesson Plans - prepared to provide the instructor with an organized and explicit framework for the delivery of the training content of this course
- Student Study Guide - designed to serve as the basic reference source for the students/trainees.

All documents for this training program were written by Mr. Allen Hale, (Project Director) of Dunlap and Associates, Inc., analytically supported by Mr. John W. Hamilton, and under the cognizance of Mr. Joseph T. Fucigna, Executive Vice President of the Corporation.

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  Division of Motor Vehicles
  Wisconsin State Department of Transportation
  Madison, Wisconsin

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  Manager, Driver Improvement Unit
  Motor Vehicles Division
  Oregon Department of Transportation
  Salem, Oregon

- Mr. Paul R. Hale
  Chief Counselor
  Driver Improvement and Counseling Program
  Driver Services
  Department of Law Enforcement
  Boise, Idaho

- Mr. David T. Kirk
  Administrator
  Driver Improvement Division
  Department of Motor Vehicles
  Olympia, Washington

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  Springfield, Illinois

- Mr. John O. Moore
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. California
. Connecticut
. Idaho
. Massachusetts
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. Oregon
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. Washington State
. Wisconsin

PURPOSE OF THE GUIDE

This document is intended to serve as a basic reference text to reinforce and supplement the subject material presented in class. As selected topics are introduced in class, the conscientious trainee will do well to review the relevant portions of this document, as well as his notes taken in class. The trainee should always bring the Study Guide to each class session, as certain exhibits herein will be referred to during the course of instruction.

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ASSEMBLING THE STUDENT STUDY GUIDE

Note: Since this insert page and the two following insert pages contain instructions for local assembly of the Student Study Guide, they should be removed from the guide prior to its distribution to the students.

Since no single available student reference will meet the unique and specific training requirements of any jurisdiction, this Student Study has been prepared to serve as a student reference source for this course. Much of the material for the study guide has already been prepared insofar as it may be considered to be generic content for all motor vehicle agencies. However, certain materials should be in the study guide which are jurisdictionally specific. They must be prepared/procured and inserted in the appropriate sections of all study guides by the local training establishment before the study guides are distributed to the trainees. All such materials to be inserted are itemized below:

Study Guide Section	Material to be Prepared/Procured and Inserted
GENERAL BACKGROUND	
1 Objectives and Requirements	. Exhibit 1 Training schedule* (actual training schedule employed by the local training establishment)
	. Exhibit 2 Departmental organization chart* (graphic depiction of the various sections/bureaus, units and groups of the department concerned with driver licensing, improvement and control)
	. Exhibit 3 DIA job specification and career ladder* (specification of duties and salary structure for the various grades and positions available in the area of driver improvement).

*Should any exhibit prepared by the local training establishment exceed the page presently allotted for the exhibit, an alphanumeric system of page numbering the exhibit (i.e., 1-2a, 1-2b, 1-2c, etc.) may be adopted without compromising the present numbering of successive pages.

Study Guide Section	Material to be Prepared/Procured and Inserted
	. Brief description of the functions performed by various sections, groups, or units concerned with driver improvement and control. in support of Exhibit 2
	. Description of various personnel policies affecting the DIA (see pp. 1-8 through 1-11 of Lesson 1)
4 Vehicle and Traffic Laws	. Copy of the motor vehicle code (may be handled as a separate handout)
	. Copy of any other laws or regulations related to driver improvements and control; administrative rules and procedures

DEPARTMENTAL POLICY AND PROCEDURES

- Exhibit 8 Driver improvement and control process (flow diagram showing the driver improvement and control actions which may be taken in response to various forms of problem driver behavior)
- Brief description of the nature and purpose of various driver improvement and control action alternatives to support Exhibit 8
- Concise exposition of departmental policy/position and procedures (checklists as appropriate) regarding:
  - o Case assignment and continuity requirements (use Lesson 11 for organizational guidance)
  - o The conduct of case reviews and investigations (use Lesson 12 for organizational guidance)
  - o The conduct of interviews and counseling sessions (use Lesson 13 for organizational guidance)

Material to be Prepared/Procured and Inserted

- o The taking or recommending of driver improvement and control actions (use Lesson 14 for organizational guidance)

- o Legal aspects of driver improvement and control (use Lesson 15 for organizational guidance)

- Blank copies or facsimiles of the administrative forms which the DIA will have occasion to execute or transmit during the course of his duties (such forms included should be given exhibit numbers), e.g.:

  - o Warning/advisory letter
  - o Driver biographical data
  - o Notice to appear (for interview, counseling, reexamination, hearing, etc.)
  - o Driver authorization/approval (for medical/psychiatric examination, to obtain health records, etc.)
  - o Report on results of interview, counseling session, hearing, etc.
  - o Driver progress, etc.

  Checklists stating the completion requirements should accompany each form.

- Copies of forms (with sample entries) which the DIA will have occasion to review or inspect for information gathering purposes (such forms included should be given exhibit numbers), e.g.:

  - o Driver abstract
  - o Court abstract
  - o Police/civilian accident reports
  - o Medical reports
  - o Law enforcement reports (traffic warnings, citations, and arrest reports)
  - o Reports from other DMV's
  - o Driver license application form
  - o Driver license examination/reexamination reports
  - o Form letter formats (for contacting other agencies, making referrals, etc.)

GENERAL BACKGROUND

Section 1

Objectives and Requirements

Program Objectives

In general, an effective driver improvement and control program must be able to promptly and systematically identify problem drivers, classify them according to their deficiency(ies), and provide the necessary remediation to improve their driving performance. Only in cases where improvement is not possible through reasonable attempts by the department to do so, must the department consider restricting, curtailing or withdrawing the problem driver's license. In more detail, the objectives of the program, as originally formulated by the American Association of Motor Vehicle Administrators, are:

- "To improve the attitudes and driving performances of drivers who, because of traffic violations and/or accident involvement, are known to constitute a hazard on the highways; and to instill in those drivers the will to better their driving practices."

- "To determine whether problem drivers suffer from physical and mental deficiencies, the extent of such deficiencies, and the ways they affect the safe operation of motor vehicles."

- "To apply appropriate restrictions, or to use the device of 'deferred action,' when drivers suffer from physical or mental conditions that do not appear to preclude safe driving."

- "To eliminate from the highways the unsafe, incompetent, and physically or mentally unqualified driver by refusing to license him or by withdrawing his driving privilege."

Course Structure and Scope

Exhibit 1 shows the training schedule for this course which is composed of twenty (20) training modules covering the following areas of instructions:

- General background; lessons 1-9 dealing with:

1) Orientation

2) Psychology of driving

3) Characteristics of the problem driver

4) Driver information

5) Overview of vehicle and traffic laws

Exhibit 1
Training schedule

6) Traffic offenses/violations and traffic accidents

7) Human communication

8) Effective human relations

9) Theory and practice of interviewing and counseling

. Driver improvement procedures; lessons 10-16 dealing with:

10) Overview of the driver improvement and control process

11) Case assignment and continuity requirements

12) Case review and investigation

13) Conducting interviews and counseling sessions

14) Recommending and taking driver improvement and control actions

15) Legal aspects and hearings

16) DIA administrative forms

. Practical application; lessons 17-20 dealing with:

17) Observation of selected driver improvement and control processes

18) Case review and interview preparation

19) Human relations laboratory

20) Mock interview/counseling session

Organization of Driver Improvement Functions within the Department

The functional relationships of the various divisions, sections and units concerned with driver improvement and control functions, as well as allied functions, are graphically depicted in Exhibit 2.

Job Entry Level Duties and Career Ladder

The job tasks and duties required of an entry level driver improvement analyst (DIA) are included in Exhibit 3. This exhibit also describes the activities and responsibilities of the various levels/positions through which one may advance within the field of driver improvement.

Exhibit 2
Departmental organization chart

Exhibit 3
DIA job specification and career ladder

Section 2

Psychology of Driving

The Functioning Driver

Within the context of the highway transportation system which is composed of the highway, the vehicle, and the driver, a driver may be viewed as a subsystem which accepts and handles various inputs and makes corresponding outputs. Exhibit 4 schematically illustrates and interrelates the major functions of the functioning driver. These functions and related concepts are discussed below.

Sensing. Refers to human capabilities to detect information in the environment--such capabilities as vision, hearing, taste, smell, bodily feelings (e.g., touch; pressure; sensation of bodily movement forward, backward, up/down, sideways; position of limbs). Senses of particular importance to the driver are vision, hearing, and the "feeling" senses. It is clear that if the critical driving senses are impaired in any way (e.g., by use of alcohol or drugs, fatigue, injury, illness, etc.) driving performance will suffer. "Perception" is the term used for the process involved in giving meaning or identity to sensory events (e.g., recognizing the illuminated red disk on a traffic signal as an indication to stop a vehicle).

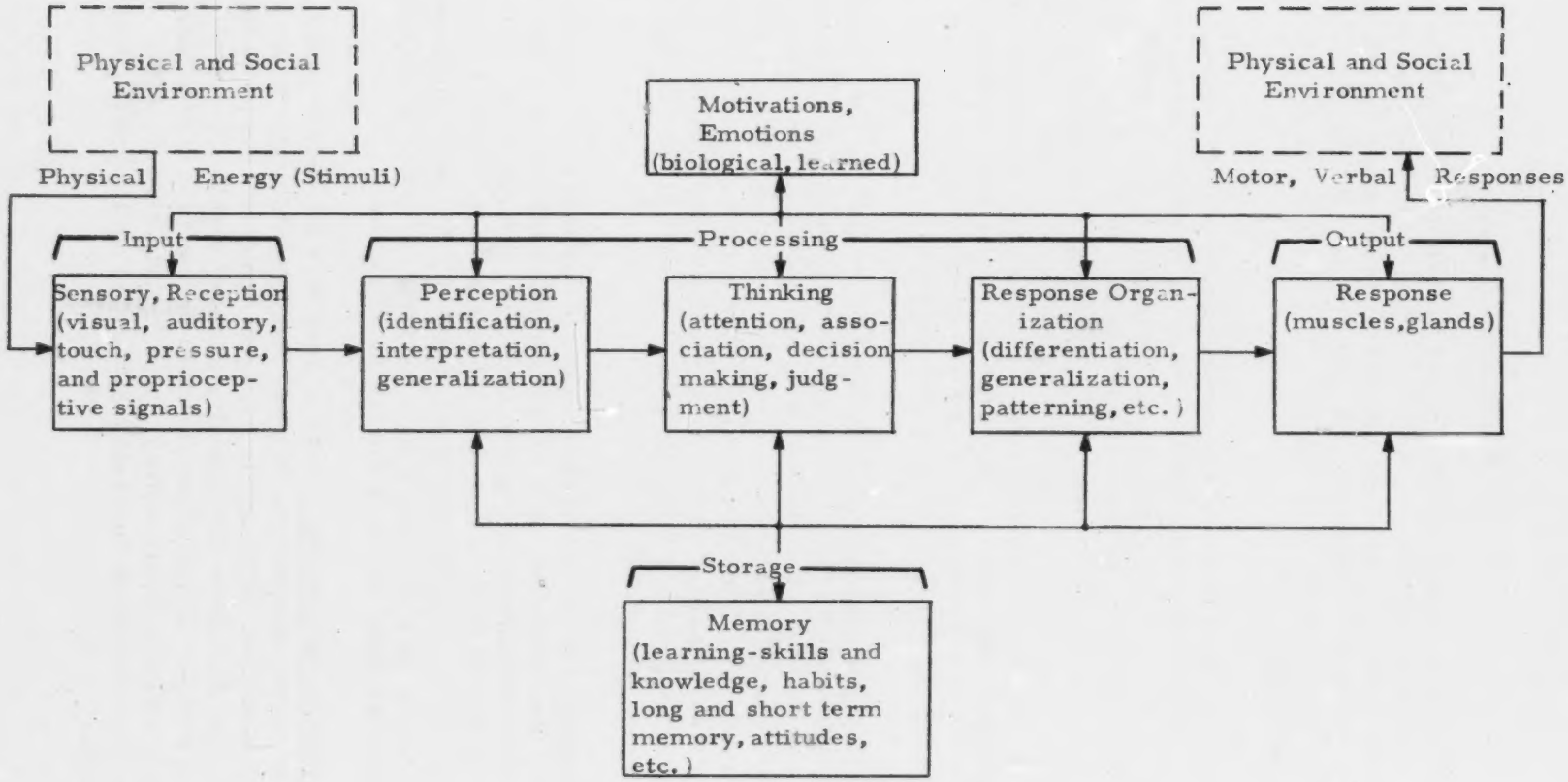
Motives and emotions. Motives are considered the reasons, purposes, conditions or states that initiate and control behavior. Some motives are built in such as hunger, thirst, sex, etc. Many motives are primarily learned through experience such as fear, need for love, need for power or prestige, etc. Strong emotional states such as fear, anger, elation can motivate people. The relative strengths and effects of learned motives/emotional states are constantly changing for a given individual--hour to hour, day to day, week to week.

Attitude. This is a state of mind or tendency to subjectively feel and respond in a consistent way towards certain objects or situations. People have many attitudes about many different subjects (e.g., race, religion, rights of others, etc.), and they may be broadly classed as positive, negative, or neutral for any given subject. An individual's attitude toward authority, rules and regulations, the rights of other's and himself is of particular importance in the traffic situation.

Attention/awareness. This is basically the ability of the individual to focus or direct his powers of concentration or thought to an idea or task being performed. Apparently man can direct his attention to one thing at a time, but does have the capacity to rapidly shift his attention among several things. If one is preoccupied or distracted with feelings of strong emotion (anxiety/worry, rage, grief, elation, etc.), his attention will be diverted from the traffic situation and his traffic performance will suffer.

Exhibit 4

The functioning driver



Driver condition

- o Has understanding of local traffic laws and regulations, especially "rules of the road "
- o Has understanding of the factors affecting own capacity to perform effectively and takes measures to optimize same
  - Inherent perceptual motor capacities and skill levels (uses any required sensory aids, prevents sensory fatigue, etc.)
  - General responsiveness/alertness (minimize chances for muscular, mental, sensory fatigue, etc.)
  - Use of alcohol and/or drugs (avoids driving when impaired by either or both)
  - Aroused emotional state (avoids driving when experiencing the effects of anxiety, anger, grief, elation, etc.)
- o Has understanding of vehicle responsiveness (e.g., acceleration, deceleration, steering, braking, gear shifting, etc.) and the function of all controls and displays
- o Has working understanding of physical laws operant in the driving situation, e.g.:
  - Speed in relation to reaction distance, stopping distance, following distance, side forces developed on turns, collision forces, etc.
  - Loss of traction due to overpowering, hard braking, too fast cornering, rain, snow, sand, mud, etc.
  - Increased weight in vehicle as it affects stopping distance, cornering characteristics, etc.
- o Has following attitudes and mental capacities in traffic situations:
  - Respect for laws and rights of others; practices common courtesy on the highway
  - Patience/high frustration tolerance

- Non competitive/non aggressive view of driving

- Justifiable confidence in one's driving skills

- Respect for physical forces involved in motor vehicle operation and injury/damage potential of a traffic collision

o Has planned for a reasonable transit time for trip and has become familiar with any new routes involved

. Vehicle condition

o Takes measures to verify/ensure operability and adequate status of all major vehicular subsystems before beginning trip (e.g., lighting/signalling, steering, braking, tires, washers/wipers, fuel, etc.)

. Driver behavior

o Basic operational skills

- Effectively controls major vehicle subsystems such as power, steering, transmission and braking to perform smoothly coordinated basic maneuvers such as starting and stopping (level, upgrades, downgrades), roadway following, backing, turning, parking, lane changing, passing, overtaking, entering and leaving traffic flow, controlling speed (level roadway, curves, upgrades, downgrades), etc.

- Exercises effective sensory monitoring of traffic environment, in particular:

  -- Maintains active visual scanning through windscreen, and via rear and side view mirrors

  -- Remains alert for any unusual sounds from traffic environment (sirens, screeching tires, etc.)

- Maintains dynamic profile (speed, intervehicle spacing, sensory scanning, etc.) which allows for maximum anticipation of and reaction to the occurrence of any hazardous situation

- Remains alert to detect any traffic situation involving the position, direction and speed of other traffic units which may represent a threat to own vehicle

- Takes precautionary measures (regulation of own vehicle's position, direction and speed; sounding of horn) to prevent a predictable hazardous situation from occurring in traffic environment

- Takes appropriate control measures with respect to intra-vehicle environment (e.g., temperature, air quality, sound, visibility, passengers, cargo, etc.), to prevent distractions, obscurations, and other interferences from occurring

o Specific situational skills

- Exercises special precautions for traffic environments such as:

  -- Urban and suburban streets

     Pedestrians (especially jaywalkers and children)

     Abrupt maneuvers of commercial vehicles (sudden pulling away from curb, sudden stops, double parked and standing vehicles)

     Appropriate lane selection for one way streets

     Emergency vehicles

     School buses

     Children (at bus stops, near playgrounds, etc.)

  -- Rural/remote roads

     Farm animals, vehicles

     Bad road conditions

     Unimproved roads

  -- Limited access highways

     Entering and exiting

     Following

     Overtaking

Intervehicle spacing

Lane changing

- Reduces speed during conditions of reduced visibility (twilight, nighttime, rain, snow, fog)
- Controls against loss of traction due to overpowering, overbraking, turns and curves, hydroplaning, mud, snow, ice, etc.
- Maintains desired track during crosswind situations
- If loss of traction is unavoidable, regains control of vehicle before uncontrolled skid results by counter-steering to regain steering control, and proper braking (pumping), if necessary, once steering is regained
- If risk of a collision is unavoidable, takes appropriate evasive action, e.g., braking, steering, accelerating, backing, etc.
- If collision is unavoidable, takes appropriate action to minimize collision force (sideswipe, oblique angle)
- Exercises special caution when negotiating intersections, traffic circles, crosswalks, bridges, railroad crossings, tunnels, toll boothes, blind curves, narrow roadways, parking lots, entrance and exit ramps, etc.
- Effectively copes with following emergency situations:
  - -- Brake failure (complete, power assist)
  - -- Steering failure (complete, power assist)
  - -- Stuck accelerator (down)
  - -- Headlight failure
  - -- Engine stall (while in motion)
  - -- Wheel(s) drop off roadway onto low shoulder

-- Hood flies up

-- Windshield wiper failure

-- Tire failure, etc.

It should be emphasized that there is no such thing as a perfect driver who makes no mistakes. The ideal driver characteristics previously discussed serve as a model to emulate and a reference by which to evaluate the performance of drivers.

Section 3

Characteristics of the Problem Driver

Definition of a Problem Driver

The "problem driver" is a motor vehicle operator who experiences an excessive number of traffic violations and/or accidents within a specified period of time, and comes to the attention of the driver improvement section of this department. He may also be someone with a known physical or mental condition which may make him an above average risk on the road. Since traffic laws are formulated and enforced as a means for expediting the safe flow of traffic in a manner which is equitable for all, violations of these laws increase the chances that the violator will experience a motor vehicle traffic accident. It has been determined by this state that a certain number of violations or accidents experienced by a driver in a certain period of time puts him into a significantly high accident-risk category so as to warrant action by the department in an attempt to improve his driving behavior. The determination of the apparent causes for a problem driver's poor driving behavior is viewed as one of the prime responsibilities of driver improvement, and is necessary to objectively determine the appropriate remedial action(s) to be taken by the department.

Types of Problem Drivers

The characteristics of four types of problem drivers will be reviewed--the negligent operator, the physically impaired operator, the mentally impaired operator, and the alcohol and drug impaired operator. Not all problem drivers belong strictly in one category or the other or have only one problem. Some drivers may have several problems with which to contend.

Negligent problem driver. This term refers to an apparently healthy person (not obviously physically or mentally impaired) who is seemingly functioning in society at an acceptable level, but nonetheless is a "problem driver." It is this individual who is the prime target for the department's (individual/group) counseling program(s). Certain factors can contribute singly or in combination to this problem driver's negligent operation of a motor vehicle.

- Inattention (perceptual functioning). This refers to a deficiency in a driver's perceptual functioning where he fails to pay the proper attention to the critical visual stimuli concerned with the proper control of his vehicle and the detection and avoidance of hazardous situations in the traffic environment. Two reasons for the inattentiveness may be postulated:

- The driver may simply not be aware of how, when, and where to direct his attention and his visual scanning patterns, or may not correctly interpret potentially threatening situations.

- The driver may know how to properly direct his attention, recognize and avoid hazardous situations but he becomes inattentive because he is frequently preoccupied (deeply involved with his problems), bored (mind wanders, he day-dreams or drowes), or is easily distracted (attention frequently drawn to extraneous events occurring in his environment) while driving.

- Attitude/personality problem. An unduly aggressive individual who has the need to "show off" by driving in a reckless/imprudent manner, exhibits antisocial feelings, has little respect for traffic laws/authority and the rights and welfare of others is liable to commit traffic violations. This type of reckless driving is often found in the youthful problem driver. An unduly passive, fearful, hesitant and cautious individual can, by his indecisive action on the road, cause competent drivers to misread his actions or prompt them to take unnecessary risks to escape his influence. This person can be the direct cause of accidents and can commit traffic violations such as "driving too slowly."

- Knowledge deficiency. In some instances, an experienced driver who has the necessary perceptual-motor skills and appropriate attitudes is unfamiliar with traffic laws that may have changed or been introduced since the individual passed his original license examination; such a person can commit traffic violations unwittingly. Some problem drivers don't know or are unconvinced that their driving records are unusual.

- Perceptual-motor coordination deficiency. In rare instances, drivers who are physically and mentally fit may lack the perceptual-motor coordination/skills to properly control a motor vehicle (could be due to an extended period where no driving was done and license was renewed, or little or no experience with a particular vehicle.)

Physically impaired problem driver. There are many physical disorders which can severely impair a person's ability to safely control a motor vehicle. Some impairments may be so severe as to take a driver off the road; others may be amenable to medical control and compensatory measures so that the person may still function as a motor vehicle operator. It is important for the DIA to know some of the more frequently encountered physical impairments in the driving population, their control measures, and their impact on driving performance for several reasons:

- He should be able to recognize symptoms of uncontrolled physical impairments during personal contact with a client or a review of his driving records, so that the driver may be promptly referred to a medical authority for authoritative diagnosis and treatment.

- Knowing the existence of a particular impairment, the DIA should have a general understanding of the associated control measures to determine whether these measures are being properly applied.

The information to follow is only intended to provide the DIA with some general background on the more familiar physical impairments found in the driving population so that he may be better prepared to make timely referrals of clients to competent medical authorities. The DIA should never think of himself as being qualified to make medical diagnoses.

- Metabolic diseases. These are diseases resultant from the dysfunction of glands which regulate the metabolic or biochemical processes of the body. In general, such disturbances can cause a muscular weakness, painful muscular spasms and sudden episodes of dizziness/vertigo and possibly unconsciousness. With any of the afflictions to be discussed, the individual should not drive until the symptoms of the illness have been controlled by the appropriate therapy, as verified by a physician.

  - o Diabetes mellitus

    This is the most common form of diabetes and is a disorder where the body fails to properly breakdown or oxidize carbohydrates (sugars, starches) and is due primarily to a deficiency of insulin (which is secreted by the pancreas). Excessive blood sugar levels result. Early stages of this illness are characterized by intense thirst, loss of appetite, general weakness, body pains and headaches. In advanced stages, the individual experiences dehydration and excessive thirst, drowsiness, labored breathing, dimming and blurring of vision, production of a volatile and aromatic substance called acetone (which can be detected in the breath), and dizziness and coma which can be fatal . The diabetic on the verge of a "diabetic coma" exhibits symptoms which are very similar to and can be confused with those of alcoholic influence. Effective control of this disease requires that the individual take periodic, measured doses of insulin (oral or intravenous) as prescribed by a physician.

There is the risk that a diabetic may take an overdose of insulin which can result in a dangerously low blood sugar level. This condition is called "insulin shock." The symptoms of this condition include nervous agitation, weakness, trembling, diarrhea and incontinence. In contrast to diabetic coma, the onset of insulin shock is rapid. Most diabetics can recognize the symptoms of onset and can counteract this condition by eating a candy bar (or other high sugar food) which they generally carry with them. Medical authorities feel that diabetics who have their illness under control may drive private vehicles, but should be advised against driving commercial vehicles. The uncontrolled diabetic is in no condition to drive any vehicle.

- Other glandular disorders

  An individual may experience disorders associated with the under secretion and over secretion of the thyroid, parathyroid, pituitary, and the adrenal glands. The more acute and uncontrolled forms of these glandular dysfunctions may produce such symptoms as muscular weakness, painful muscular spasms, visual disturbances, headaches and dizziness. In cases where these diseases are severe and not controlled, the individual should not be allowed to drive. When an afflicted person is under the care of a physician and receiving the proper treatment, the physician may recommend that the individual be allowed to drive a private vehicle.

Central Nervous System (CNS) disorders. The CNS disorders which will be discussed can have profoundly incapacitating effects on human behavior. As with other physical disorders, the severity of the disorder and effectiveness of control measures must be medically assessed in each case.

- Epilepsy

  This is a disease of the brain which is characterized by periods of abnormal neural activity resulting in motor sensory, and mental dysfunction--in extreme cases, a semiconscious or unconscious condition accompanied by convulsive movements. Some possible causes of this condition are hereditary tendency, defective prenatal circulation and nutrition and injury to the brain. Auto accidents involving head injury also appear to contribute to the development of epileptic conditions. Epileptic episodes are self-limiting in duration and must run their course. There are two types:

- The grand mal form is a complete epileptic seizure involving a sudden loss of consciousness and muscular control. The individual will generally fall to the ground and experience convulsive and muscular spasms, profuse salivation and sometimes frothing at the mouth, tongue biting, and incontinence. When the seizure subsides the individual is confused, may fall asleep, and remember nothing of the event.

- The petit mal is a much milder form characterized by very brief lapses of consciousness (could be a sudden momentary pause in conversation or movement), rarely more than 30 seconds in duration. Petit mal episodes may occur several times during the day, but do not incapacitate the individual to the degree of a grand mal seizure.

The onset of an epileptic episode is not generally predictable. It has been known to be precipitated by emotional stress (even during the course of a driver improvement interview), and strong illumination such as the headlights of an approaching vehicle at night. Dilantin and phenobarbital are drugs which are prescribed to control epilepsy. Users of these depressant drugs must be aware of the potential side effects--especially the interaction with alcoholic beverages. Medical authorities recommend that an epileptic, who has not experienced a seizure for at least a year and is conscientious in taking his prescribed medications, be considered a good risk for the operation of a private vehicle but be advised not to operate commercial vehicles. Controlled epileptics should not consume alcoholic beverages for at least 24 hours prior to driving.

o Narcolepsy

This is a condition where an individual experiences uncontrollable periods of deep sleep of short duration. The condition is often associated with moderate to severe obesity. Stimulant drugs such as Benzedrine ® and Dexedrine ® are prescribed to control this problem.

o Brain tumors/diseases

Brain tumors/diseases of varying kinds can be a causal factor for many forms of irrational and uncontrollable behavior. Tumor-associated bizarre behavior may often resemble that encountered with mental disorders.

- Cardiovascular disease. There are many disorders of the heart and blood vessels which can occur (e.g., "heart attacks", irregular heart beats, cardiac pains, high blood pressure, hardening of the arteries, etc.). When the DIA contacts a client with a suspected cardiovascular affliction, it is likely that the situation is already a matter of medical record and the individual is involved in a therapeutic program. Any person with the history of cardiovascular dysfunction must be evaluated individually by a physician in terms of his fitness as a driver. In the case of an individual who has an implanted electronic "pacemaker" to regulate the heartbeat, medical authorities recommend that his driving be confined to private vehicles.

- Cerebrovascular accident/stroke. This is a situation where the normal supply of blood to the brain fails due to a blockage of flow or the rupture of a blood vessel and resultant hemorrhaging. Brain tissue damage results and the function of the parts of the body controlled by the damaged nerve cells is impaired or disabled. Strokes may result in varying degrees of loss of control/function of motor and sensory capacities, loss of memory, impairment of thought processes, etc. People who survive strokes must be carefully evaluated by medical authorities to determine their fitness to drive.

- Musculoskeletal disorders. Impairments resulting from serious injury to such parts of the body as the head and neck, spine, and limbs/extremities must be medically evaluated in terms of their effect on driving. Of concern is the stability of the joints as well as the mobility and strength of the appendages. The driver must have sufficient strength to safely operate the controls of his vehicle. Assistance for physically impaired drivers can be provided in the form of mechanical devices which can be retrofitted to the vehicle to provide safe control (e.g., hand operation of accelerator). Disorders such as cerebral palsy, muscular dystrophy, rheumatoid arthritis, etc. are often severely incapacitating and progressive in nature. In some cases, there is sufficient functional disability to cause the person to stop driving on his own. In cases where the condition is progressing at a slower rate, it is a physician's responsibility to determine and report when the illness reaches a point where it is hazardous for a person to continue driving.

- Sensory disorders. Of paramount importance to safe driving is good vision. The department has certain standards for visual functioning in terms of visual acuity, peripheral vision, depth and color perception. Non-correctable visual impairments, such

as acuity, are grounds for revocation of a drivers license. Night blindness (inability to see at night and tolerate glare from bright light sources) is often a problem for the aged driver. A hearing impairment is not necessarily a serious handicap for the driver of a motor vehicle, as most of the sensory information needed for safe operation is obtained visually. People with hearing impairments compensate for this by greater use of their vision (better use of mirrors, more active scanning) and other senses and are generally more cautious and alert. Deafness should preclude operation of commercial vehicles but not necessarily private vehicles. A person with inner ear problems who is subject to sudden attacks of vertigo/dizziness should not operate any motor vehicle until these attacks are controlled. If the person has sufficient warning of an impending attack, medical authorities indicate that he may be allowed to operate a private vehicle, but not a commercial vehicle.

- Breathing problem. Any person with a disorder of the nose, mouth, throat or trachea which would interfere with normal breathing should not operate any motor vehicle. A person who has undergone a tracheostomy (a semi-permanent, artificial opening in the throat through which breathing occurs), should not drive a motor vehicle because of the possibility of a sudden obstruction.

Mentally impaired problem driver. Two classes of mental impairment will be discussed, namely mental illness/psychiatric disturbances, and intellectual limitation. As with physical problems, the DIA should never think of himself as being able to make qualified psychiatric diagnoses.

- Mental illness/psychiatric disturbances. In coping with the problems of life, we all are apt from time to time to encounter conflicts which result in emotional stress and anxiety. Anxiety and associated depressive and aggressive reactions can preoccupy us to the extent that when we get behind the wheel hazardous driving situations may ensue. So called "normal" people occasionally experience disruptions in their usually adaptive and effective behavior and still function as self-supportive members of society. People who have frequent and/or severe emotional disturbances or periods of anxiety may no longer effectively cope with life or function in society. During his reading of the symptoms of mental illnesses, the trainee may see symptoms which he may experience himself or see in the behavior of friends and associates. It should be stressed that these symptoms are only indicative of mental illness when the person is incapacitated by them in terms of their frequency and magnitude and unable to function effectively in society. There are two generally accepted categories of mental illness: the neurosis and the psychosis.

o Neurosis

This is the milder form of mental illness where the person has become too anxious, too miserable, too troublesome to effectively interact with people and function at or near his capacity in a position of responsibility. The neurotic is not institutionalized, generally, but should be under the care of a psychotherapist, or professional counselor. Some of the symptoms of a neurotic condition are:

- Chronic anxiety

  The person is frequently nervous/edgy without apparent reason. This anxiety makes him miserable by keeping him in a state bordering on panic and upsets his physical well-being by causing gastric disturbances, diarrhea, and insomnia. He may find relief from his anxiety by being exceptionally concerned about his health and complaining about fictitious ailments (i.e., the hypochondriac), complaining about insomnia and fatigue and using the fatigue as an excuse for his failure to perform.

- Obsessive behavior

  The person is obsessed with a thought or idea (e.g., senseless phrases may run through his mind, he may fear killing himself or someone or think he has a fatal illness). These obsessions are thought to represent a defense against some repressed motive or anxiety.

- Compulsive behavior

  The person is compelled to repeatedly perform seemingly trivial acts as a symbolic way of reducing conflict-associated anxiety (e.g. a person may wash his hands every few minutes or be exceptionally neat and tidy as a way of reducing anxiety associated with sexually-related guilt feelings).

- Hysteria

  The person may develop a physical symptom or disability with no organic or biological basis, to resolve a conflict and prevent a confrontation with

an anxiety-producing situation. This could involve a paralysis of almost any part of the body, loss of feeling, blindness and deafness. Such apparent physical impairment is a very "real" experience for the afflicted person, but the "psychological" basis for the condition can usually be determined by a thorough medical examination. An example of such a condition would be a pacifist who is about to be drafted and whose legs suddenly become paralyzed--the paralysis prevents him from entering the service.

o Psychosis

This is the more severe general category of mental illness where a person is unable to maintain himself in society, may be dangerous to himself and others, and otherwise be so mentally incompetent as to require sustained care or institutionalization. Psychotic behavior can be organically caused, in which case it is called an "organic psychosis" or be psychologically based, in which case it is called a "functional psychosis." Organic psychoses could be a result of brain disease, brain tumors, aging, or alcoholism (all involving some deterioration of the brain and loss of function) and can result in such behavior as delusions, disorientation, uncontrolled aggression, serious memory defects, etc. Functional psychoses often are characterized by the following forms of behavior:

- Manic/depressive

This person experiences extreme ups and downs in mood. When the shift is "up" it is the manic stage, when "down" it is called the depressive stage. A person can experience one or the other mood or shift frequently between these extremes. When in a manic stage, the person can exhibit benign behavior (e.g., singing, dancing, running about, extreme talkativeness) or aggressive and violent behavior (damaging property, using profanity, attacking people). When in a depressive stage, this person feels melancholy, worthless, guilty, and hopeless and often so preoccupied with these feelings as to fail to take care of his bodily needs.

- Paranoid

  This person is troubled by delusions and hallucinations. The delusions may be of grandeur (e.g., "I'm Napoleon") or persecution (e.g., "They're after me"). The acts of this person are full of aggression toward those he thinks may be conspiring against him and this person can become dangerous.

- Schizophrenic

  This individual has completely cut himself off from the real world and lives in a fantasy world of his own making for a good part of the time. He is irresponsible and withdrawn from social contact.

The psychotic disturbance causes severe disability in most cases. A psychotic is frequently hospitalized and will not be driving a motor vehicle. When such a person is being treated as an outpatient, a responsible member of the person's family should be informed of any driver limitation including the side effects of any maintenance drugs prescribed to the patient. Neurotic conditions represent an unknown factor with respect to driver limitation with each case requiring an assessment of driver fitness. If no significant behavioral problem or chemotherapy side effect exists, medical authoritites assert that he cannot be prevented from driving a private vehicle.

- Intellectual limitation. People with I.Q.'s of 70 or less are more susceptible to accidents in time of stress, due to their lessened capacities for planning, judgment and reasoning. Such people should not drive in congested traffic situations or while under stress and should not drive commercial vehicles.

Alcohol/drug impaired problem driver. Alcohol and drug abuse have become increasingly complex and challenging problems for highway safety authorities. People who chronically abuse either of these drugs are generally thought to have personality problems which prompt the abuse which in turn creates physical consequences and dependencies.

Alcohol impaired problem driver. As stated in the 1968 Alcohol and Highway Safety Report by the U.S. Department of Transportation, the use of alcohol has led to some 25,000 deaths, a total of at least 800,000 traffic accidents annually. The statistics clearly indicate that alcohol is a factor present to some degree in about 50% of all fatal traffic accidents. The control of the drinking driver is a high priority objective for driver improvement.

o General background

"Alcohol" or ethyl alcohol is the characteristic constituent of an alcoholic beverage. It is generally harmless when consumed in moderate quantities, but can be lethal when consumed in sufficiently large quantities. It is produced by the fermentation of such organic substances as fruit, fruit juices, malt, cereal grain extract, vegetable pulp, molasses, etc. The maximum alcoholic content of fermented beverages (e.g., beer, ale, wine, etc.) is 14-15% by volume; distilled beverages typically range from 35% to 50% by volume in concentration (70-100 proof). When talking about alcohol impairment, the measurement of concentration of alcohol in the blood stream is important. The amount of alcohol in the blood is termed blood alcohol concentration or BAC. BAC is expressed in weight of alcohol per volume of blood--typically the weight of alcohol in grams per 100 cubic centimeters or milliliters of blood. Thus, a BAC of .05% w/v is equal to 50 mg. of alcohol per 100 ml. of blood. BAC's are fractions of 1% concentration. In regard to drinking driving offenses, the DIA may encounter the term BAQ, which stands for "breath alcohol equivalent." The term represents the alcoholic concentration as measured from a breath sample. Numerically, the terms BAC and BAQ are identical. Thus when a person with a BAC of 0.10% is given a breath test, a reading of 0.10 BAQ should be obtained.

When alcohol enters the human body it travels through the blood stream to all parts of the body. Alcohol passes into the bloodstream within 1 or 2 minutes after consumption. Most alcohol is absorbed within 15 minutes and nearly all within 1 hour. Food in the stomach delays absorption by holding the alcohol in the stomach longer. Organs such as the brain, liver and kidneys, which have a large blood supply (high water content) initially receive a lot of the

circulating blood containing alcohol. When absorption and distribution of alcohol are complete, alcohol is distributed to areas of the body with high fluid content.

Alcohol is eliminated from the body by a biochemical reaction and direct excretion. Between 90-98% of alcohol in the body is burned up or oxidized in the liver. A small amount (2-8%) of alcohol is excreted unchanged through the breath, urine, tears, saliva and perspiration. Rate of elimination (which ranges from 0.010% to 0.025% per hour--the average is 0.018%) is not significantly affected by stimulants (drugs, coffee) or exercise (increased breathing rate, physical exercise).

o Effects of alcohol on behavior

Alcohol is a depressant, and not a stimulant. Many people think it is a stimulant because its first noticeable effect is to reduce inhibitions and promote a feeling of well-being. The first step of impairment is on the most recently developed part of the brain--the part that controls a person's judgment and morals, and powers of attention. As a result, one's self-confidence increases. If alcohol is drunk in sufficient quantities, the functioning of the oldest part of the brain that automatically controls a person's body functions can be impaired such that a person can lose complete control of himself, pass into a coma, and ultimately die if the respiratory center of the brain is depressed. Between the mild effects and severe effects of alcohol there is a progressive deterioration in performance:

- Speech becomes slurred
- Vision is impaired
  - -- Pupils of the eye generally enlarge and reaction to visual stimuli becomes slower; bright lights and glare are bothersome
  - -- Distance judgment is impaired as well as the ability to see things to one side or the other of the visual field (side vision or peripheral vision)
  - -- Ability to focus from far to near objects decreases at a BAC of 0.06%

-- At BAC's of 0.10% blurred vision results

- Reaction time increases and physical coordination is impaired:

  -- The beginning of impairment of physical coordination can be with a BAC as low as 0.02%

  -- Motor tasks which require complex discrimination are impaired at BAC's of 0.05%

- Sensitivity to most stimuli (visual, auditory, pain) generally decreases.

o Stages of intoxication

There are no precise BAC's that define the various stages--there is overlap. The BAC ranges indicate that not all people are equally affected at the same BAC value.

- Sobriety. (BAC of 0.01 - 0.05%) No apparent influence; person appears normal

- Euphoria. (BAC of 0.03 - 0.12%)

  -- Sociable, talkative

  -- Increased self-confidence, decreased inhibitions

  -- Loss of attention, judgment

- Excitement. (BAC of 0.09 - 0.25%)

  -- Loss of judgment

  -- Impaired memory

  -- Increased reaction time

  -- Some muscular incoordination

- Confusion. (BAC of 0.18 - 0.30%)

  -- Mentally confused, dizzy

  -- Exaggerated emotions (fear, anger, grief, etc.)

  -- Disturbed vision

  -- Decreased sense of pain

  -- Poor balance, staggering gait, slurred speech

- Stupor. (BAC of 0.27 - 0.40%)

  Person usually cannot stand, walk or react to his surroundings--may vomit, fall asleep.

- Coma. (BAC of 0.35 - 0.50%)

  Person usually is unconscious; if coma persists for more than 10 hours, it generally becomes fatal.

- Death. (BAC of 0.45%+)

  Respiratory paralysis occurs.

o Effects on specific areas of the body

- Circulatory system

  There is no evidence that alcohol significantly improves circulation. Following absorption, blood alcohol enlarges the vessels of the skin and permits an increase in skin blood flow. This accounts for the flushed face of the drinker.

- Kidney

  Alcohol stimulates the kidney to produce urine. Moderate use of alcohol does not appear to cause any kidney damage.

- Liver

  Heavy use of alcohol causes an accumulation of fat in the liver, a condition referred to as fatty liver. This may result, in an inflammation of the liver, commonly called cirrhosis. However, cirrhosis appears to be more a result of the poor diet of the alcoholic, rather than a direct result of alcohol. Moderate use of alcohol does not appear to have a harmful effect on the liver of healthy, well-nourished people.

o Common symptoms of alcoholic influence

  Common and frequently observed symptoms of alcoholic influence are:

  - Odor of alcoholic beverage on the breath
  - Swaying or unsteadiness--staggering
  - Poor muscular coordination
  - Confusion, lack of response to stimulation
  - Sleepiness
  - Disorderly appearance
  - Speech impairment (slurred, confused, "thick tongue")
  - Dizziness
  - Nausea
  - Unusual actions, such as being very talkative, aggressive, depressed, jovial
  - Visual disorders--fixed stare--bloodshot/watery/glassy eyes
  - Flushed face

o Effects of alcohol on driving behavior

  As an increasing BAC will impair the performance of the individual so will it affect his driving performance and behavior in traffic. Some of the commonly observed forms of driving

behavior associated with alcoholic influence are listed below:

- Inefficient behavior
  - -- Extremely slow speeds on open highways
  - -- Excessive or erratic speeds
  - -- Making stops where none are required; long stops at stop signs
  - -- Apparent confusion at signalized intersections
  - -- Open car windows - especially in cold weather
- Poor control
  - -- Failure to dim lights for passing traffic
  - -- Vehicle over center line - especially when making turns or approaching other vehicles
  - -- Erratic movement such as weaving, driving on the shoulder, stopping and starting, abrupt turns without signalling, swerving when passing another vehicle
- Parking in unusual places such as the roadway itself
- Repeated moving violations such as failure to observe signals, signs, and markings, failure to grant right-of-way, excessive speed, etc.

o The alcoholic

E. M. Jellinek proposes that people will distribute themselves into the following classes with respect to their use of alcohol:

- Teetotaler--one who abstains from the use of alcohol.
- Social Drinker--a drinker who uses alcohol primarily in a social situation, rarely becomes intoxicated, and uses alcohol rather infrequently by choice.

- Heavy Social Drinker--one who views alcohol in the same manner as the social drinker, but becomes intoxicated more frequently and uses alcohol as a method of relaxation.

- Excessive Drinker--in addition to the uses by the social drinker, he drinks while he carries on business. Intoxication is frequent, but the excessive drinker can still control the amount and frequency of his drinking voluntarily.

- Problem Drinker--a person who may have interpersonal and/or marital problems, who may develop aggressive tendencies, and who may experience financial problems--all directly related to alcohol. Intoxication is frequent, and there is a developing dependence on alcohol. This person often becomes involved in law violations and exhibits irrational behavior. He can, however, still control the amount of drinking voluntarily.

- Alcoholic--an excessive and compulsive drinker who is psychologically and physically dependent on alcohol and has lost control over his drinking. He becomes intoxicated quite frequently and often is the cause of many others' social, psychological, and physical problems. This person views alcohol as the primary means to reduce his discomfort and make his existence tolerable.

It is a generally accepted conclusion that alcoholism is a "disease" with psychological causation and psychological and physical consequences. There appear to be several phases of development which can be observed in an individual's behavior.

- The Warning Phase
  - -- Secretive drinking, concealment of amounts consumed
  - -- Preoccupation with alcohol
  - -- Guilt feelings about drinking behavior
  - -- Avoidance of any reference to alcohol
- The Early Phase
  - -- Loss of control
  - -- Rationalized drinking behavior

-- Grandiose behavior

-- Marked aggressive behavior

-- Peristent remorse

-- Periods of total abstinence

- The Middle Phase

-- Reduced social interaction

-- Loss of job interest

-- Alcohol centered behavior

-- Loss of outside interests

-- Marked self-pity

-- Unreasonable resentments

-- Protection of alcohol supply

-- Neglected nutrition

-- First hospitalization

-- Decreased sexual drive

-- Regular morning drinking

- The Late Phase

-- Prolonged intoxications

-- Marked ethical deterioration

-- Impairment of thinking

-- Alcoholic psychoses

-- Drinking with persons far below socioeconomic level

-- Indefinable fears

-- Tremors

-- Psychomotor inhibition

-- Drinking takes on an obsessive character

-- Rationalization system fails

Alcoholism can manifest itself in a number of ways:

- Employment patterns
  - -- Frequent changes of employment
  - -- Periods of unemployment
  - -- Excessive absenteeism (average 1 month/year)
  - -- High accident experience
  - -- Current employment below qualifications
  - -- Bad relations with co-workers and supervisors
- Family patterns
  - -- Divorce/separation
  - -- Familial arguments
  - -- Neglect of family
  - -- Children are emotionally disturbed
- Disease/disorder patterns
  - -- Cirrhosis of the liver
  - -- Brain tissue damage
  - -- Visual impairments
  - -- Ulcers

-- Diabetes

-- Nutritional deficiencies

-- Blackouts

-- Withdrawal symptoms such as

tremors/shaking (delerium tremens-"DT's"),

shortened attention span,

inability to focus attention,

hyperanxiety/restiessness,

hallucinations, and

loss of coordination or disorientation

- Law enforcement contact patterns

-- Frequent calls for family disturbances

-- Public drunkenness

-- Registered complaints by spouse

-- Registered complaints by neighbors

-- Children involved as juvenile delinquents

- Prevailing indications of heavy drinking patterns or alcoholism (to be observed even while person is sober)

-- Excessive perspiration

-- Hoarseness--husky voice

-- Flushed face

-- Restless, anxious behavior

-- Inattentiveness

-- Body tremors--"DT's"

-- Disoriented speech

Drug impaired problem driver. Although alcohol is technically considered a "drug", the term drug is generally reserved for other substances which will be reviewed. Some of these drugs may have little or no medicinal value; others have medicinal value and are produced legitimately but sold illegitimately for illegitimate use or abuse. Finally, there are prescription drugs that may be misused by the legitimate user--a doctor's patient. The major groups of drugs which may present a problem in the safe operation of a motor vehicle are discussed below:

o Narcotics/opiates

This category includes such drugs as opium, opium derivatives (e.g., morphine, codeine, and heroin), and synthetic opiates such as methadone. These drugs produce insensibility or stupor because of their depressant effect on the nervous system and are used medically for the control of extreme pain. Symptoms of the influence of these drugs are:

- Insensitivity to pain
- Heightened sense of well being or euphoria
- Deep lethargy
- Intoxication and ultimately sleep

Since the continued use of these drugs can produce physical dependence or addiction, when such use of these drugs is stopped, powerful, "withdrawal" symptoms such as the following can be produced:

- Nervousness, anxiety
- Dilated pupils (heightened sensitivity to light)
- Muscular pain
- Vomiting and diarrhea
- Desperate and compulsive behavior to obtain the drug.

- Stimulants

  Such drugs as amphetamines (Dexedrine®, Benzedrine®), methamphetamine ("speed") and cocaine constitute this group. Some of these drugs are widely prescribed for the treatment of obesity and mild depression. They directly affect the central nervous system and produce the following effects:

  - Excitation, mental arousal, heightened states of physical activity, talkativeness, hand tremor, and perspiration
  - Rise in blood pressure and respiratory rate
  - Heightened sense of potence and self-confidence

- Depressants (Sedatives - Hypnotics)

  Barbiturates receive the greatest abuse of this group, some examples of which are phenobarbital, secobarbital, and amobarbital. Barbiturates have a strong calming effect and are prescribed as treatment for high anxiety states and high blood pressure. Abuse of these drugs can produce the following symptoms:

  - Slurred speech
  - Loss of balance, staggering and falling
  - Quickness of temper, quarrelsome disposition

- Hallucinogens

  These drugs have little or no medical benefit and are generally produced and distributed through illicit channels, with examples being LSD (Lysergic Acid Diethylamide--"acid"), mescaline, and marijuana. Hallucinogens produce distortions of perception, bizarre dream images, and hallucinations. When abused, they can produce such effects as:

  - Impaired ability to discriminate between fantasy and reality

- Impaired judgment of direction and distance

- Dilated pupils

- Restlessness and insomnia

LSD use can result in perspiration, violent movement, panic and even attempts at self-destruction.

o Tranquilizers

These are a large group of prescription drugs that when taken as prescribed have calming properties without loss of alertness or performance. Examples are phenothiagine, reserpine, and meprobamate (Miltown ®). When taken in excessive amounts, these drugs can produce dizziness and drowsiness.

o Antihistamines

These drugs are widely prescribed to control the symptoms of allergies (sinus, nasal congestion, etc.). They have sedative properties which result in the following effects on performance:

- Inattention

- Confusion

- Drowsiness

o Anti-infective drugs

Occasionally, such anti-infective drugs as the antibiotic and sulfa drugs can impair performance. These drugs can produce such symptoms as:

- Dizziness

- Drowsiness

- Nausea/vomiting

- Mild euphoria

o Volatile substances/inhalants

Occasionally, substances such as certain glues, gasoline, lighter fluid, and ether may be abused. The fumes of these volatile and toxic substances are inhaled producing the following effects:

- Dizziness
- Stupor, euphoria
- Vomiting/unconsciousness

If taken in sufficient quantities, the fumes of these substances can cause serious damage to internal organs and ultimately death by suffocation.

It is apparent from the foregoing description that the symptoms that can be produced from the use or abuse of certain drugs and chemicals are similar to those of alcoholic influence. Thus, the erratic and unusual behavior of an individual who is under the influence of some drug can be very similar to that of a person under the influence of alcohol.

Alcohol combined with other drugs. When alcohol is combined with some drugs, the effect is not simply additive but sometimes supra-additive or "synergistic." In other words, you sometimes get more impairment from an alcohol-drug combination than you would expect from a simple addition of the effects of each dose alone. The results of combining alcohol with major categories of drugs are discussed below:

o Stimulants

They do not counteract the major depressing effects of alcohol. They are only temporarily effective with regard to the grosser aspects of alcoholic influence. They may be used for temporary arousal in severe intoxication, but the arousal effect is brief.

o Depressants

The depressant effects will be added together and, in some instances, the resultant effect will be greater than the expected combined effect of the two drugs. The DIA should be alert to the fact that depressants are used widely and

indiscriminately and their use with alcohol could cause a serious problem for the driver.

- Narcotics

  Animal studies have indicated additive and supra-additive effects of narcotics and alcohol. Human studies are understandably lacking. In dealing with the drinking driver suspect, one should be alert to the possibility that the individual's behavior may be due to a narcotic or to a combination of a narcotic and alcohol.

The aging driver. It is a well known fact that as the individual grows old (50's and beyond), the sensory (especially vision and hearing), mental (attention span, short term memory), and physical capabilities diminish (e.g., reflexes and reaction time are slowed, vital capacity and strength diminishes). Many drivers fail to compensate for their impairments due to advancing age or in some cases overcompensate by unduly cautious, hesitant and unsure traffic performance. In either case, hazardous traffic situations can ensue, e.g.:

- The person who is unaware of his limitations produced by advancing age can subject himself to traffic situations in which he does not have full control (e.g., drives too fast for his abilities).

- The person who is aware of his limitations and performs in an unduly conservative manner, can cause more capable individuals to take chances to escape the influence of this person (e.g., a person who drives too slowly for the traffic conditions).

Demographic Characteristics of the Problem Driver Population

Various regional studies indicate that the DIA is likely to encounter a problem driver population with some of the general attributes to be discussed.

Typically half of all driver improvement cases are in their teens and early twenties. Young drivers are frequently troubled by developmental problems which stem from immaturity, lack of experience and judgment, lack of emotional control, etc. Such general personality and behavioral problems spill over into and compromise the driving task.

Drivers in their late teens and early twenties (age 15-24 years) have 1/3 of all traffic accidents although they only make up 21% of all drivers.

Males are involved in more accidents than females. In a study conducted by the New York State Department of Motor Vehicles it was found that 18-20 year old males had 6 times as many accidents as females and that 18-20 year old males had more than half again as many accidents as 21-24 year old males. In a 1968 Indiana study of severe automobile accidents involving 16-21 year old drivers, 78% were males.

In studies conducted by the California Department of Motor Vehicles, it was determined that in a sample of negligent drivers, male negligent drivers outweighed female negligent drivers by a ratio of 50 to 2, while in the normal driving population the ratio is 3 to 2. Significantly more professional drivers and laborers/semi-skilled workers remain as negligent operators for a three year period after action by DMV. Significantly fewer professionals and white collar workers remained as negligent operators for a three year period after action by DMV. In regard to drivers who were reexamined following fatal accident involvements, in the fatal accident population studied, the younger driver (under 35) is over-represented and the older driver (over 45) is under-represented. The reexamined male driver is more often divorced or widowed and less often married than the average male driver. The reexamined female driver is more often divorced than the average female driver. At fault (cited at the time of a fatal accident) male drivers who were reexamined were younger, more often single, had fewer dependents, were more often employed in semi-skilled work and fewer carried auto liability insurance than those drivers who were not cited at the time of their fatal accidents.

For 1971 the National Safety Council states that 91% of all reported accidents, 83% of all reported fatal accidents and 92.4% of all reported injury accidents involved improper driving--such offenses as speed too fast, failure to yield right of way, failure to stop, following too closely, etc.

As mentioned previously, alcohol is considered to be a factor in at least half of all fatal motor vehicle accidents.

In a study conducted by the Washington State Patrol in 1970, drivers in the age group of 20-34 were represented in:

- Slighly more than half of the fatal accidents involving drinking drivers

- Only one third of the fatal accidents involving non-drinking drivers

- Almost one half of all accidents involving drinking drivers

- Slightly more than one third of all accidents involving non-drinking drivers

Section 4

Vehicle and Traffic Laws

Origin and Development of Vehicle Traffic Laws

With the advent of the automobile co-mingling and competing with the pedestrian and horse drawn traffic at the turn of the century it became necessary to acknowledge the rights of people to use the streets and highway. The courts started to take official notice of the "equal rights" of individuals to use highways as early as 1907, with the formal notion being that "all persons, whether afoot or using some sort of lawful conveyance, have reciprocal rights in the use of streets and highways, and, except as regulated by statute or ordinance, none has superior rights over the others." Unless specifically regulated by state statute, the doctrine of equal rights extends to motor vehicle operators, pedestrians, bicycle and motorcycle riders, horseback riders, operators of horse-drawn wagons or carriages and even to people driving cattle, horses or other domestic animals along the road.

With the meteoric rise of the automobile in terms of greater numbers of high-powered vehicles with great speed capability, highway fatalities rose in alarming proportion. During the year 1941, 39,969 persons were killed in traffic accidents. Prior to this time, there had been great concern with the building of safer and more efficient highways. It became apparent about this time that a greater effort needed to be placed upon the driver in the highway system.

With the emphasis upon the human element, greater concern turned towards the development of more effective rules governing the traffic situation. Traffic rules, laws and regulations are intended primarily for the prevention of traffic accidents, while at the same time allowing for the orderly and expeditious flow of traffic on an equitable basis for all concerned. Simply stated, traffic laws, especially the "rules of the road," are safe driving practices in written form. It follows that traffic laws, to be effective in reducing accidents, must be enforced in an impartial and conscientious manner by law enforcement agencies, and be fairly and consistently adjudicated by the courts. Early traffic laws were geared to controlling automobiles insofar as they represented a threat or menace to pedestrian and horse-based transportation. As the motor vehicle started to assume a dominant role on the highways and streets, the legislative concern gradually turned toward the equitable and safe regulation of all forms of highway traffic. Cities and towns were the first forms of government to develop traffic laws. The states slowly followed municipal initiative and sought to standardize basic traffic laws within the state. Ultimately, efforts began on the development of a means to standardize traffic laws throughout the country. Some of the developmental traffic regulation milestones were:

- 1899 - Boston closed their parks to automobile traffic between certain hours of the day to reduce accidents due to runaway horses.

- 1901 - Connecticut passed the world's first automobile speed statute.

- 1901 - New York required automobile registration.

- 1904 - New York law declared that its provisions regulating the operation of motor vehicles should be controlling throughout the state (municipal ordinance must not conflict with the state law on the same subject).

- 1907 - Connecticut passed the first driver license law.

- 1924 - The notion of nationwide guidelines for uniform jurisdictional traffic laws was born; the "Uniform Vehicle Code" was to combine the best features of existing traffic laws into an integrated body of model laws and ordinances.

- 1926 - The draft of the first Uniform Vehicle Code was approved; subsequent revisions to this original document have been made with the latest being in 1968. The agency concerned with the update and modification of the Uniform Vehicle Code is the National Committee on Uniform Traffic Laws and Ordinances in Washington, D.C.

- 1946 - With traffic fatalities reaching alarming proportions, the President called the First Annual Conference on Highway Safety. Recommendations for improvements in the following areas were made by the action committee:

  - Laws and ordinances
  - Public information and education
  - Police traffic supervision
  - Traffic courts
  - Traffic engineering
  - Traffic accident records

- Organized citizen support

- Motor vehicle administration

- Highway research

- 1950's - Most traffic accident prevention experts concluded traffic accidents and resultant injuries, fatalities and property damage will be minimized if the following are accomplished:

  - Equitable, understandable and enforceable traffic laws are enacted.

  - Police officers become skilled in the detection and apprehension of traffic violators.

  - The courts are administered by personnel who appreciate the importance of traffic law enforcement.

  - The driving privilege is effectively regulated and controlled.

Section 5

Traffic Offenses/Violations and Traffic Accidents

Traffic Offenses/Violations

Definitions. A traffic offense/violation is a designation or phrase given for the group of elements (behaviors or conditions) which constitute a violation of a particular section of the state traffic law/vehicle code. A "traffic violator" may be either a driver or a pedestrian.

Varieties of traffic offenses/violations. "Shall do" offenses are those characterized by a person's failure to perform required acts under the conditions specified by the traffic law. An example of a "shall do" offense would be failure to observe a legally installed traffic control device. "Shall not do" offenses are those characterized by the commission of an act that is prohibited by traffic law. An example of a "shall not do" offense would be driving under the influence of alcohol or drugs. Momentary offenses are those related to illegal behavior or acts committed that last for a relatively short period of time such as running through a stop sign or failing to signal for a turn. Continuous offenses specifically relate to continuing or persistent illegal conditions such as driving under the influence of alcohol or drugs.

Major groups of traffic offenses/violations. As indicated in Exhibit 5, there are two major groups of traffic offenses/violations: "hazardous," and "other". Hazardous offenses/violations refer to violations of traffic laws that concern the use or protection of streets and highways--laws enacted to regulate the safe movement of vehicles and pedestrians. Unsafe behaviors characterize this category, a majority of which are "moving" violations which are concerned with such traffic factors as speed, right of way, observance of signs, signals, and markings, turning movements, following and overtaking, pulling away, and unsafe pedestrian behavior. Unsafe conditions are also included such as driving under the influence of alcohol or drugs and serious vehicular defects. "Other" offenses/violations refer largely to illegal, unsafe vehicle conditions such as missing or defective motor vehicle equipment.

Why people violate the law. Most people do not willingly create hazardous traffic situations associated with the violation of a traffic law. Very often people do not understand the fact that traffic laws and regulations were enacted to ensure the safe and efficient passage of traffic. They view them solely as encumbrances. People do not always perceive the risks inherent in a particular traffic situation and commit traffic violations for some of the following reasons:

Exhibit 5

Classification list of traffic law violations*

By resolution adopted at the 71st Annual Conference of the IACP in Louisville, Kentucky, October 27, 1964, the IACP revised its 1957 classification list of hazardous and other traffic law violations and urged IACP members to use these classifications to the end that greater uniformity may be attained in traffic violations records and reports.

The Code referred to is the Uniform Vehicle Code prepared by the NCUTLO. Those violations appearing below with Code Section marked: _____* are classifications which do not have an accompanying Code Section number reference.

I. HAZARDOUS VIOLATIONS

A. UNSAFE BEHAVIOR--DRIVERS

General Group	Code Section	Violations
Speeding	11-801b	Exceeded stated speed limit
	11-801a, c	Too fast for conditions
	11-802, -803	Disregarded speed zones
	11-804	Too slow for traffic conditions
	11-806a	45 maximum for trailer coach
	11-806b	10 maximum for solid tire
	11-806c	Too fast on elevated structure
Right of Way for Vehicles	11-401	Failed to yield at intersection
	11-402	Turned to left in front of approaching traffic
	11-403b	Failed to yield at stop intersection
	11-403c	Failed to yield at Yield intersection
	11-404	Failed to yield entering highway from private roadway or driveway
	11-405a	Failed to yield to emergency vehicle
	11-1303b	Failed to yield to streetcar at intersection

Exhibit 5 (continued)

Classification list of traffic law violations*

A. UNSAFE BEHAVIOR--DRIVERS (continued)

General Group	Code Section	Violations
Traffic Signs, Signals and Road Markings	11-201	Disregarded slow sign
	11-202c	Disregarded stop and go light
	11-204a1	Disregarded flashing red signal
	11-204a2	Disregarded flashing yellow signal
	11-204.1	Disregarded lane control signal
	11-307b	Disregarded No Passing zone
	11-309a	Left marked lane when unsafe
	11-309d	Disregarded No Lane Change sign
	11-701a1	Disregarded signal
	11-701a2	Disregarded crossing gate or watchman
	11-702	Failed to stop at marked RR crossing
	11-705c	Disregarded stop sign or limit line
	11-508	Drove through safety zone
Turning Movements	11-311	Turned across dividing section
	11-601a	Turned right too wide
	11-601b, c	Cut corner left turn
	11-601a	Turned right from wrong lane
	11-601b, c	Turned left from wrong lane
	11-601d	Disregarded turn marks at intersection
	11-602	Made U-turn on curve or hill
	11-604	Turned when unsafe
	MO-60	Made turn where prohibited

Exhibit 5 (continued)

Classification list of traffic law violations*

A. UNSAFE BEHAVIOR--DRIVERS (continued)

General Group	Code Section	Violations
Wrong Side or Wrong Way	11-301, -302	Drove on left half--no overtaking
	11-306a1	Drove on left half--hill, curve, etc.
	11-306a2	Drove on left half, intersection or railroad grade crossing
	11-306a3	Drove on left half--no view, bridge or tunnel
	11-308b	Drove wrong way on one-way street
	11-308c	Drove to left of rotary intersection
	11-309b	Drove in middle lane when unnecessary
	11-309c	Drove wrong way in designated lane
	11-311	Drove on wrong side, divided highway
Following	11-310a	Failed to keep safe distance
	11-310b	Failed to leave sufficient distance between trucks for overtaking
	11-310c	Motor vehicles in caravan too close
Overtaking	11-303a)	
	11-1303c)	Cut in before safe in overtaking
	11-303a	Overtook vehicle on right
	11-304b	Drove off pavement, overtaking on right
	11-307b	Overtook where prohibited
	11-502d	Overtook vehicle stopped for pedestrian
	11-707a	Overtook or passed stopped school bus
	11-1301a	Overtook streetcar on left
	11-1302	Overtook standing streetcar
	___*	Drove three abreast on two lane road
Signal Intention	11-604	Neglected to signal when required
	11-606	Gave wrong hand signal
	11-1107	Failed to sound horn, mountain road

Exhibit 5 (continued)

Classification list of traffic law violations*

A. UNSAFE BEHAVIOR--DRIVERS (continued)

General Group	Code Section	Violations
Pulling Away	11-603	Started improperly from parked position
Violations Against Pedestrians	11-202a1	Failed to yield right of way to pedestrian at signalized intersection
	11-502a	Failed to yield right of way to pedestrian, no signals
	11-504	Failed to exercise care toward pedestrians
	11-706	Failed to yield to pedestrian on sidewalk
Parking Violations	11-1001a	Parked on main traveled way
	11-1003a1a	Parked double
	11-1003a1g	Parked on bridge, in tunnel, etc.
Miscellaneous Violations	11-103	Disregarded police officer
	11-303b)	
	11-1303a)	Failed to give way when overtaken
	11-309c	Did not use designated slow lane
	11-312	Drove onto or from controlled access highway where prohibited
	11-701a3	Disregarded train whistle
	11-703	Failed to stop at railroad, bus or explosive carrier
	11-704	Crossed RR with heavy equipment without notice or caution
	11-706	Did not stop emerging from alley or driveway
	11-901	Disregarded safety of persons or property--Reckless driving
	11-903	Caused death through negligent operation--Reckless driving
	11-1102	Backed so as to interfere, etc.
	11-1104a, b	Passenger obstructed driver's view
	11-1107	Failed to keep right on mountain road
	11-1108	Coasted out of gear, down grade

Exhibit 5 (continued)

Classification list of traffic law violations*

A. UNSAFE BEHAVIOR--DRIVERS (continued)

General Group	Code Section	Violations
	12-222a	Failed to use proper headlight beam
	12-222b	Failed to dim lights for approaching vehicles
	12-222c	Failed to dim lights following vehicle
	12-408	Warning devices not displayed
	14-107	Towed in a dangerous manner
	___*	Pushed in a dangerous manner
	___*	Drove in a prohibited area
	___*	Disregarded hand or warning signal
	11-1105	Opened door into moving lane of traffic
	___*	Parts of passenger projected from vehicle
	MO-74	Drove through funeral or moving procession
	MO-78	Drove on sidewalk

B. UNSAFE BEHAVIOR--PEDESTRIANS

Right of Way	11-103	Disobeyed police officer
	11-503a	Failed to yield outside cross walk
	11-503b	Failed to yield where protected crossing available
Traffic Signals	11-202b2)	
	11-202c2)	Disregarded traffic control signal
	11-203	Disregarded pedestrian control signal
Miscellaneous	11-503c	Crossed between intersections where prohibited
	11-506a	Walked in roadway where sidewalks provided

Exhibit 5 (continued)

Classification list of traffic law violations*

B. UNSAFE BEHAVIOR--PEDESTRIANS (continued)

General Group	Code Section	Violations
	11-506b	Walked in roadway with traffic, no sidewalks
	11-507a	Stood in road to solicit business or ride
	___*	Played or lay in roadway
	MO-84	Boarded or left vehicle in motion
	MO-85	Hitched on vehicle
	MO-97	Crossed between intersections where prohibited

C. UNSAFE BEHAVIOR--PEOPLE OTHER THAN DRIVERS AND PEDESTRIANS

Miscellaneous Violations	11-1103	Rode improperly on motorcycle
	11-1203	Rode improperly on bicycle
	11-1204	Clung to vehicle on bicycle
	11-1205b	Rode more than two bicycles abreast
	11-1206	Carried articles so as to interfere with handling of bicycle
	16-102	Owner permitted hazardous violation

D. UNSAFE CONDITIONS

Driver	6-113d	Failed to obey license restrictions (Glasses, pedal extensions special controls)
	11-902a	Drove under influence of alcohol
	11-902.1	Drove under influence of drugs
Highway	11-205a	Obscuring or interfering with official traffic control device
Vehicle	12-301	Defective brake equipment
	12-302	Brakes improperly adjusted
	12-303	Brakes not maintained in good working order
	12-404a	Obstructed view through windshield
	___*	Unsafe tires

Exhibit 5 (continued)

Classification list of traffic law violations*

II. OTHER VIOLATIONS

General Group	Code Section	Violations
	12-201	Drove without headlights
	12-217	Misuse of spotlamp
	11-1205a	Failed to keep bicycle on right of roadway
	11-1111	Deposited glass, nails on main traveled way
	12-101a	Operating vehicle in unsafe condition
	13-101	Vehicles without required equipment or in unsafe condition
	12-204a	Defective tail lamps
	12-205a	No relectors
	12-206a	Defective stop lamps
	12-208	Defective clearance or sidemarker lamps
	12-213	Projecting load to rear unlighted
	12-214	Defective parking lamps
	12-215	Defective lamps on farm equipment
	12-216	Defective lamps on other equipment
	12-219	Defective signals lamps
	12-221	Headlamps glaring, not adjusted
	12-401a	Defective horn
	12-402	Defective exhaust system
	12-403	Mirror defective or not equipped
	12-404b, c	Windshield wiper not installed or defective
	12-406	Defective safety glazing material
	12-407	Warning devices not installed or defective
	12-409	Required safety devices for explosives cargo

*From: International Association of Chiefs of Police. Highway safety policies for police executives. Gaithersburg, Maryland: Author, 1969.

- Their senses, judgment, and reactions may be impaired for a variety of reasons which were discussed in the section dealing with the characteristics of the problem driver, (e.g., inattention, lack of perceptual motor coordination, illness/disease, sensory disorder, mental illness, alcohol/drug abuse, aging, etc.). For the most part, the characteristics discussed in that section relate to the habitual behavior or chronic conditions of drivers.

- People, who may not be problem drivers per se, violate traffic laws occasionally as a result of temporary or passing conditions such as:

  o Fatigue

    We all become generally fatigued from time to time. The effects of fatigue can significantly impair driving performance. Traffic accidents due to fatigue are a common problem on limited access highways where the traffic situation is monotonous and boring. Some of the specific effects of fatigue are:

    - Increased time to perceive and react to situations in the environment
    - Need for stronger levels of stimulation for awareness
    - Tendency to fix attention and vision straight ahead
    - Mild forms of hallucinations
    - Semiconscious behavior--poor directional control of a vehicle

  o Temporary emotional states

    Everybody from time to time is temporarily affected by a strong emotional state which can often reduce his normal performance effectiveness. Anxiety/worry, aggression/hostility, elation/exuberance and grief are examples of commonly occurring strong emotional states

that can preoccupy one to the extent that the attention required for safe traffic performance is sacrificed. These states can be aroused prior to involvement in the traffic situation (e.g., business or family difficulty, etc.) or during the traffic situation (e.g., frustrating traffic experience, personal conflicts with an occupant of the vehicle, etc.).

- They are ignorant of the basic effects of physical laws or the detailed operational aspects of traffic laws which are operant in the traffic situation.

- They may overestimate or underestimate their capabilities.

Some people disrespect traffic laws and willfully disregard them.

Traffic Law Enforcement Actions

General considerations. The possible actions that a policeman may take in response to a traffic law violation are three: a traffic warning, a traffic citation or summons, or a traffic arrest. Which course of action is taken by a policeman depends upon the severity of the offense, and the enforcement policy established by the commissioner or chief of police.

Traffic warning. A traffic warning is any traffic enforcement action taken which does not immediately involve possible assessment of legal penalty as a result of the warning alone. There are several forms of traffic warnings that may be issued.

- Written traffic warning. A warning where the violator is given an oral account and a documentary record of the infraction contiguous with its detection. Written warnings may be recorded or unrecorded. A recorded written warning is one where the record of issuance is left on file by a state agency (law enforcement, DMV, etc.) for future reference. An unrecorded written warning is one where no record of issuance, formal or informal, is kept.

- Oral and visual traffic warnings. Such warnings may be of an oral/verbal or visual/gesture nature or a combination thereof. In either case, no written record, formal or informal, is kept.

Warnings differ qualitatively from citations/summons and traffic arrests in that enforcement consequences are concluded when the policeman leaves the scene. The warning itself is the penalty or criticism. Warnings have more of an educational effect than a disciplinary effect.

Traffic citation (summons, ticket, notice to appear). A traffic citation is traffic enforcement action consisting of the issuance of a written "uniform traffic summons/complaint" or citation, requiring a person charged with a traffic violation to submit to trial adjudication to determine his guilt or innocence, or in some cases to pay a fine in lieu of court appearance. A traffic citation is the most frequently used means by which the traffic violator may be brought before the court, without taking the violator into physical custody. Since citations often involve the inconvenience and distress of a court experience, and usually a fine, they are a more extreme form of law enforcement action than a traffic warning.

Traffic arrest. A traffic arrest is an action whereby a violator is taken into physical custody for the purpose of detaining him until such time as he can be brought before the court to answer the charge of law violation. A traffic arrest is the most extreme form of enforcement action. In some cases, the suspect may leave custody after posting bail. Its primary objectives are to preclude the possibility of continued violation (such as driving under the influence of alcohol or drugs) and a continuing hazardous traffic situation, and to increase the chances that the violator will appear in court where doubt may exist.

Accident Terminology

The DIA should have a grounding in basic "accident terminology", so that a standard level of discussion may be achieved in his driver improvement activities. The terms that will be defined originate from the National Safety Council's publication entitled, Manual on classification of motor vehicle traffic accidents (2nd ed., 1970), to which the student may refer for more detailed terminology.

Accident. This is "an unintended event that produces injury or damage. The word 'injury' includes 'fatal injury.'"

Motor vehicle accident. This "is an accident involving a motor vehicle in transport, but not involving aircraft or watercraft." More specifically, this includes such situations as:

- A motor vehicle collides with:
  - Another motor vehicle (in transport or parked)
  - Pedestrian (alone or in a conveyance)
  - Other road vehicle

- Animal
- Object which is fixed, movable, or moving
- Railway train

. A motor vehicle overturns without any preceding collisions.

. A motor vehicle sets something in motion which collides with something, without the motor vehicle doing the actual striking (e.g., parts of a vehicle, cargo, occupants, etc.).

. A motor vehicle is involved in a noncollision accident involving:

- Poisoning by carbon monoxide from motor vehicle
- Person falling, jumping or being pushed
- Fire in motor vehicle, explosion
- Broken part of motor causing injury or danger, etc.
- Broken glass caused by a propelled hard object (rock, metallic part, etc.).

This excludes injury or damage to:

. Natural occurring events (e.g., flood, hurricane, tornado, lightning).

. Events occurring when the motor vehicle, not under its own power, is being loaded or unloaded from a conveyance.

. Intentional damage or injury using a motor vehicle.

. Injury or damage intentionally inflicted by law enforcement agents.

Motor vehicle traffic accident. This refers to "any motor vehicle accident that occurs on a trafficway or that occurs after the motor vehicle runs off roadway but before events are stabilized." Terms which relate to this concept are discussed below:

- Trafficway--"is the entire width between property lines, or other boundary lines, of every way or place, of which any part is open to the public for purposes of vehicular travel as a matter of right or custom."

- Road--"is that part of a trafficway which includes both the roadway and any shoulder alongside the roadway."

- Roadway--"is that part of a trafficway designed, improved, and ordinarily used for vehicular travel. In the event the trafficway includes two or more separate roadways, the term 'roadway' refers to any such roadway separately, but not to all such roadways collectively."

- Shoulder--"is that portion of the road contiguous with the roadway for accommodation of stopped vehicles, for emergency use, and for lateral support of the roadway structure. The line between the roadway and the shoulder may be a painted edge line, a change in surface color or material, or a curb. On some modern trafficways, there may be a surfaced shoulder on the right side, and frequently a narrower shoulder on the left side of a one-way roadway."

Chain reaction accidents. "Sometimes, in the same area and within a short time, several motor vehicles may be involved in accidents during an adverse driving condition, such as reduced visibility due to fog. In such chain reaction accidents, it is frequently difficult to determine afterward whether this event was one accident without a moment in which the accident situation was stabilized, or whether several accidents occurred with the accident situation stabilized, between separate accidents. Consequently, for purposes of uniformity, consider such chain reaction accidents to be single motor vehicle accidents, unless a stabilized situation can be established between the several events that may occur in such chain reaction accidents."

Deliberate intent. In cases when a motor vehicle is in transport and some person or persons intended that events should occur, such events are excluded from the classification of motor vehicle accidents. The two major examples of this exclusion are:

- Suicide or self-inflicted injury

- Homicide or purposely inflicted injury or damage

Major types of motor vehicle traffic accidents. The major categories of motor vehicle traffic accidents which may occur on or off the roadway are:

- Non-collision involving a motor vehicle in transport which includes:
  - o Overturning
  - o Other (e.g., CO poisoning; explosion; fire; falling, jumping or being pushed from vehicle)
- Collision between motor vehicle in transport and:
  - o Pedestrian
  - o Motor vehicle in transport
  - o Motor vehicle on other roadway
  - o Parked motor vehicle
  - o Railway train
  - o Pedalcyclist
  - o Animal
  - o Fixed object
  - o Other object (streetcar, animal carrying person, etc.)

Severity of motor vehicle traffic accidents. The severity of motor vehicle traffic accidents may be classified in the following ways:

- Injury severity
  - o Fatal
  - o Incapacitating
  - o Non-incapacitating (evident)
  - o Possible injury
  - o No injury

    or
  - o Fatal accident
  - o Non-fatal injury
  - o Non-injury (damage only)

- Damage severity
  - o Disability
  - o Functional
  - o Other motor vehicle

  } Motor vehicle

  - o Other property
  - o No damage

  } Other property

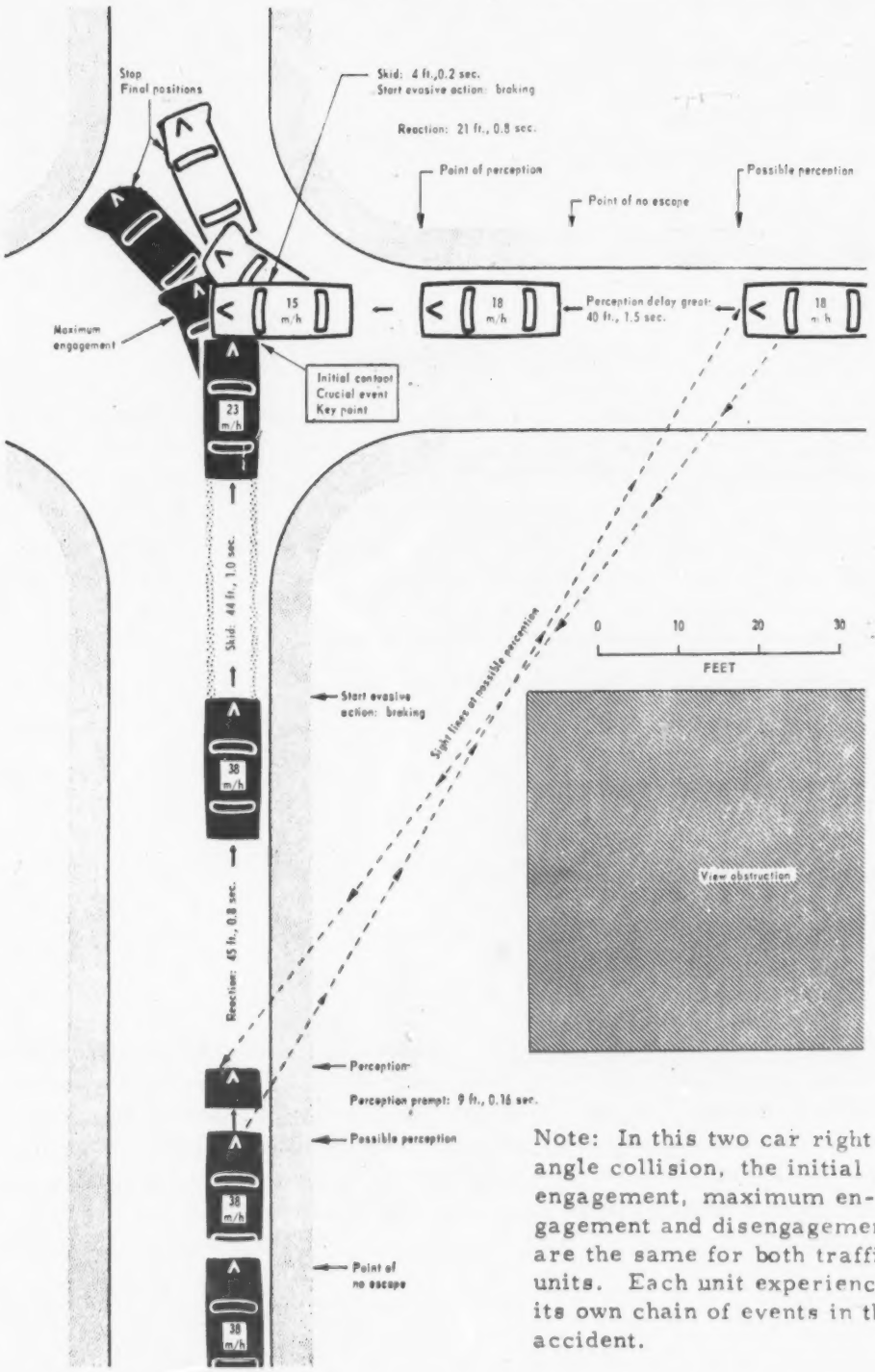
Anatomy of an Accident

Accident events. Every accident is brought about by a sequence of events--a sequence of unexpected and uncontrolled events that leads to damage and/or injury. An understanding of these typical classes of events or phases will help the DIA in his analysis of the circumstances surrounding a traffic accident. Not every accident has all of the events illustrated in Exhibit 6 and these events do not always occur in the order listed below:

- Point of possible perception (of hazard)
- Point of actual perception (of hazard)
- Point of no escape
- Key event/key point
- Point of initial engagement
- Point of maximum engagement
- Point of disengagement
- Final position

- Point of possible perception. This is the time and place at which the hazardous situation could have been perceived by a "normal", alert person. This point always precedes the point of actual perception. Perception time is the time between point of possible perception and point of actual perception. Maximum delay of perception is achieved when a traffic unit does not perceive a hazard until physical contact is made.

Exhibit 6
Anatomy of an accident*



Note: In this two car right-angle collision, the initial engagement, maximum engagement and disengagement are the same for both traffic units. Each unit experiences its own chain of events in the accident.

*Source: Exhibit 11-2, page 11, Traffic accident investigator's manual for police © 1963, Northwestern University, Evanston, Illinois, used with special permission.

- Point of actual perception of hazard. This is the point at which an individual sees, feels, hears or otherwise perceives an indication that an accident is about to occur. Examples of perceiving a hazardous, potentially accident-producing situation are:

  - o Seeing an opposing vehicle cross the barrier line, i.e., "encroachment"
  - o Hearing a horn on your left as you are about to change lanes
  - o Feeling the right wheels drop from the road to a soft shoulder, or feeling the start of a skid

  The points of possible and actual perception are analyzed to determine the contribution of drivers and pedestrians to accidents. The time between the two points is of particular interest. The point of actual perception identifies the point at which evasive action should be taken.

- Point of no escape. This is the place and time after which a given individual cannot avoid or prevent an impending accident. Occasionally, the point of perception and point of no escape are one in the same. In other cases, the point of no escape precedes the point of perception. Frequently, the point of no escape follows the point of perception indicating faulty judgment and/or skill in the execution of evasive action.

- Key event/key point. This is the event that determines the time, place, and type of accident that will occur. The key event is whichever of the following classes of events occurs first:

  - o Running off the road
  - o Non-collision on the roadway
  - o Collision on the roadway

- Point of initial engagement. This is the first contact by the moving traffic unit with another traffic unit or object. Before this point, no mutual force is exerted between the objects. After this point, force begins to develop.

- Point of maximum engagement. This is the point where the greatest collapse of material or overlap of objects occurs. The greatest force is exerted between objects at this point. This always follows the key event, and immediately follows the point of initial engagement.

- Point of disengagement. This denotes the point at which the objects or units involved in the collision start to separate from one another, and the initial force exerted between them ceases. Complete disengagement does not occur in all accidents.

- Final position. This is the time and place that the objects which have collided come to rest, without the use of any power. This position may be difficult to determine if vehicles leave the scene, or roll down an incline after engagement. Vehicles may still be engaged at the final position. Often the final position of passengers or cargo may be quite different from the vehicles in question. The final positions of vehicles and related objects are quite useful in reconstructing the accident. Traffic units do not have a "final position" if power is applied to move them. Drivers often move their vehicles to a safer position after a collision.

Accident times and distance. Of importance to evaluating accident situations are the intervals between events, and their corresponding distances. Of particular importance are:

- Reaction time--the time from actual perception to the start of evasive action (e.g., application of a foot to a brake pedal, or the turning of a steering wheel)

- Reaction distance--the distance moved during the reaction time interval

Why Traffic Accidents Happen

Causes of traffic accidents. Traffic accidents are the result of "a combination of simultaneous and sequential circumstances or factors without any one of which, the accident could not have happened." The source of causes of an accident can come from any one or all of the three elements of the highway transportation system: the people, the vehicle, and the trafficway. These sources produce contributing factors or accident causes.

- Operational factors. These are sometimes called "direct" causes of accidents and include such activities as:

  - o Control of traffic units within established paths of the roadway

  - o Driving strategy--e.g., the adjustment of maneuvers and speed to roadway and environmental conditions

In more specific terms, these factors relate to inadequacies in the following areas of traffic unit control:

- o Perceiving situations requiring action
- o Deciding upon an appropriate course of action
- o Responding to the situation with the correct action

Determining at what point safe operations have failed will help to determine how the accident occurred. Delayed perception or unresponsiveness to the traffic situation caused by preoccupation, distraction, or sensory interference, is often identified as an operational factor. Traffic laws, which define an optimum and safe driving strategy, are a source of many operational factors, especially those laws dealing with the "rules of the road." Consequently, violations of rules of the road often turn out to be major operational factors contributing to accidents. This would include vehicle speed too fast for the conditions and such common factors related to position/behavior as a vehicle on the wrong side of the road, the disregarding of a traffic sign, signal or marking, or following too closely. Evasive action is the reaction of a traffic unit to avoid a hazardous situation that is likely to result in a collision. Evasive action may be completely successful (the accident is avoided) partially successful (a likely serious accident is reduced to a minor accident), or unsuccessful (a serious accident results). The major types of evasive action that may be used singly or in combination are:

- o Slowing or stopping
- o Speeding up
- o Backing
- o Turning right or left

Common forms of ineffective evasive action are:

- o Wrong action: e.g., wrong turn, sounding horn instead of maneuvering, braking instead of speeding up, etc.
- o Delayed action: due to indecision and confusion, or the expectation that the other traffic unit will stop or change course

- Condition factors. These are sometimes referred to as "mediate" causes of accidents and include deficiencies in the ideal characteristics or attributes of the trafficway, people and the vehicle. Examples of attributes are:

  - o Trafficway--traction available
  - o People--psychomotor skills in maneuvering the vehicle
  - o Vehicle--braking effectiveness

  The attributes of condition factors can be modified by other variables called "modifiers." Modifiers change the attributes of the trafficway, people, or vehicle from a satisfactory state to a generally hazardous state. For example:

  - o Trafficway--ice or rain on road surface
  - o People--intoxication, fatigue, illness, emotional state, perceptual motor, impairment, etc.
  - o Vehicle--leakage of brake fluid, extreme wear of brake lining, worn tires

  Discovering the deficiencies in the attributes of major classes of condition factors will help to explain why safe operations failed, as these deficiencies in condition factors attributes influence the operational factor(s) or direct cause(s) of the accident. In Exhibit 7, examples of attributes and modifiers for the trafficway, people and the vehicle are shown. The lists of factors presented in Exhibit 7 are not exhaustive, but serve as examples only. The distinction between attributes and modifiers is not always precise. Some modifiers act quickly, some act slowly. Some have a permanent effect, others have a temporary effect. Attributes vary from time to time, due to the changing nature of the modifiers. A temporary modifier like blood alcohol has a relatively quick effect on increasing reaction time. A modifier like aging has a slow but permanent effect on increasing reaction time.

- Remote condition factors. These very general and global factors relate to a variety of acts or neglect on the part of some person or organization that permit the condition factors to exist. These factors have been called "early causes" of accidents and include

Exhibit 7
Condition factors - attributes and modifiers*

Trafficways			
Attributes		Modifiers	
Generally relating to Performance	. Alignment . Surface character . Dimensions . Restraining devices	Temporary	- Weather, atmospheric conditions - Natural light - Temporary warning devices - Temporary roadside activities - Roadside objects - Objects on the road - Loss of alignment - Social and legal symbols - Surface deposits, ruts - Road damage, holes
Generally relating to Decision	. Signals . Traffic signal controls . Regulatory signs and markings		
Generally relating to Recognition	. Light . Visibility . View obstructions . Recognizability . Recognizability aids . Distractions, monotony . Confusion, standardization . Warning signs . Guide signs	Permanent	- Wear - Deterioration, age
People			
Attributes		Modifiers	
Generally relating to Performance	. Operating skill, habits . Size, weight, strength . Freedom of movement	Temporary	- Sun exposure - Glasses, etc. - Emotional upset - Pressure, stress, hurry - Preoccupation - Weather - Irritants - Ingestion, inhalation - Fatigue, boredom - Temporary illness - Injury - Clothing - Things carried - Prosthetic devices
Generally relating to Decision	. Intelligence, judgment . Attitudes . Emotional stability . Alertness, concentration		
Generally relating to Recognition	. Observing habits . Sensory abilities . Signaling habits . Recognizability (mainly pedestrian) . Knowledge	Permanent	- Deterioration, age - Chronic illness - Permanent injury - Experience, training - Customs, tradition - Authority, enforcement

Exhibit 7 (Continued)
Condition factors - attributes and modifiers*

Vehicles			
Attributes		Modifiers	
Generally relating to Performance	. Control arrangement, function . Operating space . Dimensions . Weight . Performance . Stability	Temporary	- Glare - Weather - Surface deposits - Cargo - Passengers - Social and legal symbols - Adjustment loss, defective parts - Damage, contamination
Generally relating to Decision	. Comfort . Symbolism . Automatic controls		
Generally relating to Recognition	. Recognizability . Recognizability aids . Road illumination . Sensory aids . View obstructions . Distractions . Instruments . Signaling devices . Control feedback	Permanent	- Deterioration, age - Irrepable damage - Wear

*Sources: Exhibits 11-11, 11-12, and 11-13, pages 36-38, Traffic accident investigator's manual for police © 1963, Northwestern University, Evanston, Illinois, used with special permission.

the very general, yet influential, effects of such factors as inadequate driver education/regulation programs, ineffective traffic law enforcement, and inadequate highway engineering. Determining the effects of remote condition factors on condition and operational factors is a tenuous and difficult task.

- Multiplicity and interaction of causes. There must be at least one operational and condition factor present to cause an accident. Usually several of each are necessary to cause a traffic accident. Thus, a combination of several factors is usually responsible for an accident. It is therefore not always easy to identify the most important factor or cause of an accident. When an attempt to do this is made, usually the most conspicuous or controllable factor is identified.

Major/commonly discussed causes of accidents. Speed could be considered a factor in every traffic accident, since without movement, two units cannot collide. Inappropriate or unsafe speed for the conditions of the highway transportation system is really the key point to note. Inappropriate speed may result in:

- Inability of a vehicle to negotiate a curve without skidding or leaving the road

- An element of surprise and hazard for the driver, such that he is beyond the point of no escape at his point of perception

There is a very definite and commonly observed relationship between speed, delayed perception, and inadequate evasive action. Delayed perception, as such, is not a specific traffic offense in most jurisdictions. It is often referred to or covered in laws which make "careless," "reckless," or "driving so as to endanger" illegal. Frequent among the human factors contributing to traffic accidents are the following:

- Carelessness/inattentiveness. This refers to an attitude of disregard or inadequate attention to important features of the highway environment influencing safe travel.

- Negligence. This is basically the same as carelessness but more associated with specific law violations.

- Recklessness. This generally refers to a "willful or wanton disregard for the safety of persons or property." It can be an operational factor in terms of the decision-making performance

of an individual. It also can be an attribute of an individual such as attitude, emotional state, etc. When enforcing a "reckless driving" charge, guilty intent, guilty mind (mens rea) must be shown.

Most hazardous behavior on the part of drivers and pedestrians constitutes a violation of one traffic law or another. Highway safety authorities often think of accident causes as specific violations of traffic laws. Many accident report forms call for only law violations as accident causes. Some of the frequently occurring contributing factors (operational) identified by highway safety authorities as major causes of accidents are:

- Speed too fast (includes "speed too fast for conditions")
- Failed to yield right-of-way
- Disregarded stop sign
- Disregarded traffic signal
- Failed to keep safe distance (following too closely)
- Drove left of center
- Made improper turn
- Improper overtaking
- Drove while under the influence of alcohol or drugs
- Improper lights; defective brakes or steering

Relation Between Traffic Offenses/Violations and Accidents

It should be clear that a definite relationship exists between the traffic offenses/violations and traffic accidents. Since traffic laws specify the driving procedures which enable safe, efficient and equitable movement of highway traffic, violations of these laws or rules of the road increase the likelihood of traffic accidents. Put another way, traffic violation involvement increases the chances for accident involvement. As was mentioned in an earlier section, the National Safety Council stated that for 1971 91% of all reported accidents, 83% of all reported fatal accidents and

92.4% of all reported injury accidents involved improper driving--such offenses/violations as speed too fast, failure to yield right of way, failure to stop, following too closely, etc. This does not say that only specific traffic offenses/violations are driver based contributing factors, per se. Other driver contributing factors such as driver inattentiveness/delayed perception, fatigue, faulty evasion of a hazardous situation can also be causes which may not have resulted in a specific traffic violation which was detected. Because a traffic offense/violation was charged in connection with an accident, it does not necessarily mean that it was a contributing factor; it may have only been incidental and not contributory.

Although a clear relationship exists between traffic offenses/violations and traffic accidents, the results of driver improvement efforts have, in some cases, shown differential effects in reducing traffic violations and traffic accidents. Studies have shown that some driver improvement efforts have produced reduction in traffic violations but not always a concomitant reduction in accidents. Investigators have speculated that drivers going through some driver improvement programs have learned how to avoid being apprehended for traffic violations (not to say that they aren't still committing them)--a pattern of behavior which is not suited to accident avoidance.

Section 6

Human Communication

Content and Form of Communication

What we communicate. The content of communication may be divided into two broad categories, thoughts and emotions/attitudes.

- Thoughts. These may be abstract verbal concepts, ideas, or mathematical and musical expressions. These may also be concrete accounts/descriptions of empirical events such as situations or things perceived, as well as series of events that happened.

- Emotions and attitudes. Emotions and feelings may encompass such states of mind as frustration/impatience, anger/hostility, fear/anxiety, empathy/warmth. Attitudes such as respect, loyalty, distrust, prejudice, are also communicated.

We may communicate thoughts, emotions and attitudes in direct and conscious ways or in more subtle and even unconscious ways.

How we communicate. Fundamentally, we communicate through verbal and non-verbal channels.

- Verbal channels. These involve the use of words to communicate meaning or messages. Verbal communication may be written or spoken. Thoughts, ideas, descriptions, etc., are most effectively and completely transmitted through the verbal channel. In dealing with verbal communication, one must always remember that many words or expressions can have two meanings--the denotative meaning and conotative meaning.

  - o Denotative meaning--this the direct, specific meaning of a word. For all practical purposes this is the "dictionary" definition of a word.

  - o Connotative meaning--this is the subjective/personalized meaning or attribute(s) that people give to words which may go along with or be apart from the denotative meaning. The connotative meaning of words is subject to change and development as a result of what one experiences in life.

  Verbal context or the situation at hand influences the meaning of words and phrases (e.g., a "green" stick--a "green" kid; "horse" as an animal--"horse" as a drug, etc.) The subcultures or groups

within our society set a context for specialized uses of words and the development of slang expressions (e.g., the youth group's use of such words as "drag," "freak," "bust," "rip-off," etc.) In verbal communications, one must be careful to evaluate the denotative, connotative and contextual aspects of words to determine the intended meaning.

Non-verbal channels. These generally are operant in a face to face situation and involve such observable characteristics or mannerisms of a person as facial expression, posture, gestures, and voice quality (e.g., loudness, pitch, pace/rhythm of word delivery). Most of us are consciously and unconsciously transmitting and receiving non-verbal messages every day of our lives. Emotions and attitudes are effectively transmitted through non-verbal channels, very often in a spontaneous and unconscious manner. Non-verbal communication is less subject to conscious control than verbal communication, although it can be affected (e.g., the false smile and insincere handshake). Non-verbal messages may reinforce or contradict the intent of a communicator (intent being voiced or not being voiced). Non-verbal communication can occur through the following modalities:

- o Facial expression
  - Eyes
  - Mouth
  - Forehead
- o Posture
  - Standing
  - Sitting
- o Gestures
  - Arms
  - Hands
  - Legs
  - Head
  - Touch
- o Voice quality
  - Loudness
  - Pitch
  - Pace/rhythm

As a rule, no one particular non-verbal message should ever be though of as having a universal meaning. Non-verbal as well as verbal messages must both be evaluated within the situation at hand to determine just what a client is saying. With careful observation and experiences the DIA will develop his own non-verbal vocabulary. Although universal meanings cannot be ascribed to all forms of non-verbal communication, the following illustrations are offered as possible indications of non-verbal meaning:

- Erect head: self esteem, self confidence, courage
- Bowed head: humility, resignation, guilt, admission
- Touching nose: anxiety, stage fright
- Rapid eye-blinking: relief mechanism or displacement of anxiety
- Artificial cough: criticism, doubt, surprise, anxiety
- Whistling or humming: genuine or feigned self confidence
- Fixing necktie: demonstrating masculinity
- Pressing head with hands: distress, despair, helplessness
- Nodding head up and down: approval, understanding
- Placing head between palms: sadness, exhaustion, meditation
- Steepling fingers: superiority
- Placing index finger alongside the nose: suspicion
- Closing nostrils with fingers: contempt
- Closing ears with hands: refusal to hear
- Putting arms akimbo: firmness, defiance, defensiveness
- Outstretched arms: call attention, surprise, alarm, blessing
- Forming ring with fingers: unity, perfection
- Rubbing thumb and middle finger: searching for solution

- Finger or knuckle-cracking: frustration, aggression, hostility

- Finger tapping; foot or leg wagging; toying with ring, handbag, or other object: releasing tension, showing conflict, decision making

The DIA should be alert to pick up signs of client anxiety as transmitted through body language (e.g., fingers tapping, frequent postural shifts, raising of pitch or loudness of voice, leg swinging) so that he may effect a change of subject or some other countermeasure to stabilize the situation.

Most people unconsciously like to preserve a zone of "body space" around them which is free from intrusion by people with whom they are not friendly. The zone may vary in size dependent upon the environmental conditions. Violations of the body zone may cause some people to become quite defensive and uneasy without knowing why.

Patterns of Expression

Verbal considerations. The DIA must be concerned with using an appropriate level of discussion in his verbal communications. The showing of patent ignorance of a client's occupational specialty or forte can be offensive and turn him off. Using an unnecessarily complex vocabulary--talking over someone's head or talking down can inhibit communication. The DIA should always be striving for maximum clarity of communication. The DIA must be careful to choose his words and formulate his questions carefully so that what he intends to ask a client is correctly perceived by the client. In turn, the DIA must be careful to question the client on any word usage which is ambiguous and may be important.

Non-verbal considerations. Many people can mask their true sentiments as expressed through non-verbal or "body language," (e.g., may show a calm expression and no nervous mannerisms but be anxious on the inside). Non-verbal clues may contradict expressed verbal sentiment and feelings. The DIA should observe total bodily responses rather than concentrating on facial expression and quality of speech (where greatest range of non-verbal communication is found), as this part of the non-verbal repertoire is subject to the most control by a person--i.e., "masking behavior." To gain the most from non-verbal expression, the DIA should:

- Observe the broad range of non-verbal activity and be alert for inconsistencies which he should resolve through verbal questioning

- Be alert for changes in a client's non-verbal activity, rather than attempting to evaluate non-verbal messages in the absolute or relative to other people

- Interpret the meaning of inconsistencies and changes in non-verbal behavior in terms of the broader context of verbal communications and the situation in which the interview or counseling session is taking place

Concluding considerations. Everything we do or say is communication. Thus, we are continuously communicating. Non-verbal clues generally have little meaning when separated from verbal communications and the context of the face to face encounter. Only when the verbal and non-verbal messages make a fairly consistent and coherent picture, can the DIA be reasonably sure that his interpretation of the client's message(s) is correct. The DIA must insure that his own non-verbal behavior does not contradict his intent or his expressed verbal behavior. In particular, he should take care that his body language does not transmit nervous, hostile or overly friendly messages to the client.

Section 7

Effective Human Relations

Effective Human Relations

The term broadly refers to all endeavors associated with the establishment and maintenance of free and uninhibited channels of communication between individuals (most importantly between the DIA and his problem driver clients) as well as the development of attitudes of mutual regard and respect--all of which is necessary if the DIA is to influence the attitudes/opinions and ultimately the behavior of problem drivers. Stated another way, effective human relations sets the psychological/social climate necessary for candid and meaningful human interaction. A climate of effective human relations increases the chances that problem drivers will freely communicate their feelings and experiences and develop an attitude conducive to a frank appraisal of their problems, the identification of possible solutions to their problems and a receptivity to educational information and insights which may help them to correct their driving deficiencies. It should be apparent from the previous section on human communication that to be effective in establishing good human relations, the DIA must be knowledgeable about human communication. Such knowledge is essential to establish effective human relations, and of course, imperative for effecting change in the behavior of the problem driver. To be adept in establishing effective human relations the DIA must be aware of some of the basic human needs and expectations which are operant in interpersonal or social situations.

Basic Human Needs and Expectations in Interpersonal Situations

It is a well known fact that people are individually different, both physically and psychologically. A recognition of this fact is helpful in dealing with people in that it should caution the DIA against regarding problem drivers as all the same. While keeping in mind that differences exist among individuals, nonetheless some conclusions can be drawn about human nature in general. Some of the needs/expectations which people frequently have in social situations are listed below:

- To be recognized and treated as individuals with certain rights, qualities and capabilities, and unique problems

- To feel independent and free--to say what we want and do as we please

- To freely communicate and have people listen attentively to and understand our perceptions, experiences (good and bad), opinions and explanations

- To view ourselves and to have others view us as important and worthwhile

- To receive recognition and praise/reward for our accomplishments

- To view our way of doing things as the best way

- To feel free and secure from arbitrary or discriminatory action which may be unpleasant (e.g., criticism, punishment)

- To avoid situations where excessive uncertainty or ambiguity exists

- To be treated with respect and to be free from encroachment and invasion of privacy

When any of these expectations/needs are violated, resentment, frustration, anxiety and hostility may result which can block good communication and the formation of good human relations. In cases where it appears that the client feels one or more of these expectations have been unfulfilled or violated, it behooves the DIA to offer plausible explanations for any apparent violation(s). For example, in the case where a problem driver views traffic laws as unimportant and arbitrary restrictions of his individual freedom, the rationale can be offered that traffic laws were developed to correct the chaos, injury and property damage resultant from an unregulated traffic flow. That the laws in effect provide ground rules for the equitable, efficient, and safe flow of traffic for all highway users and they, in fact, protect the individual from the capricious, wanton and potentially dangerous actions of other drivers. In the case where a problem driver believes he has arbitrarily been singled out for traffic law enforcement action, it could be pointed out that the number of violations he has accumulated and the apprehensions by different officers can only mean, that on the average, he is committing more violations than most drivers and thereby increasing the chances that he will be apprehended for doing so.

Effective Human Relations Practices

Environment. In any interview or counseling session with the client, the DIA should understand that the physical environment or setting is an important factor in establishing effective human relations. It is the first consideration which influences the client's initial attitude toward the interaction with the DIA. First and foremost, the setting for the interaction should be "private"--free from any visual or auditory distractions and interruptions. The type and arrangement of furnishings and overall decor should convey the immediate impression of a warm, informal atmosphere as opposed to a stark, formal setting.

Human relations guidelines. Some guidelines and considerations are presented below for establishing and maintaining effective human relations:

- Avoid perpetuating or creating unnecessary ambiguity/uncertainty for the client
  - o Brief the client at the outset of any session on the purposes and objectives of the session, so that he has some idea of what is in store for him; ask for any questions after the initial briefing
  - o Be informative, wherever possible, as people like to receive factual and enlightening information
- Be cordial and courteous--treat the client with respect and consideration
  - o Bear in mind that when the DIA contributes to another person's self-respect, he increases the person's positive feelings and respect for the DIA
  - o Be prompt for all interviews and conferences with the client
  - o Refrain from communicating any obvious messages which indicate there are time constraints governing the session which make for a need to "rush "
  - o Be attentive, patient, and courteous (courtesy is contagious!); use the proper title when addressing a client

- Communicate a sincere interest in the client's case, avoiding any intimations of apathy, cynicism or prejudice with regard to the client's background or driving record

- Be a good listener and avoid unnecessary talk; but at the same time, be careful not to create periods of stony, staring silence

- When possible, assure the client that the results of the session(s) will be kept confidential to the department

- Avoid excessive, comspicuous note-taking during a session; this is threatening to many people

- Don't be effusive or overly friendly; to many people, such an outpouring could be viewed as insincere/synthetic, distasteful, and threatening behavior on the part of the DIA

Acknowledge the individuality and self-worthiness of the client

- Spend sufficient time beforehand to review and become familiar with the background and record of the client

- Don't prejudge a client from his record or your initial impression of him

- Where possible, try to communicate the belief that things can improve for the client.

- Assume that each client can see some reasonableness in his behavior--that there is meaning in it for him even if such meaning is not yet apparent to the DIA

- Allow, where possible, for the client to identify with the values and goals of highway safety; this may enable him to volunteer specifics of his situation for the sake of the "common good "

- Don't show signs of embarrassment or discomfort with a particular client's appearance or mannerisms

- Attempt to understand the client's point of view (i.e., perceptions, attitudes, experiences, and explanations)

  - o Give the client a chance to tell his side of the story in his own way--to be heard out; in this way, the DIA obtains information he needs and the client gains relief from presenting his views of the situation

  - o In the early stages of any session, pay attention to the "feeling tone" or nonverbal communication of the client, which can often be more informative than the verbal communication

  - o Don't be interruptive and press for detailed explanations of every word or phrase used by the client; the unfolding context will often be explanatory

  - o As an understanding of the client's situation is gained, communicate this understanding or empathy to the client; this is a primary means for establishing good human relations

- Don't attempt to overtly judge or criticize a client

  - o When it is necessary to point out areas of improvement or suggest possible corrective actions, be sure that such commentary is directed toward the individual's behavior, not the individual as a person

  - o Try to see and communicate the "positive" aspects of the client's situation and praise them at least as often as those aspects which are to be corrected and improved

- Be a relaxed and genuine person; don't try to role-play a personality which you think is appropriate to a particular interpersonal situation

  - o To be perceived as a human being, it may be advantageous in certain cases to judiciously express your own feelings and experiences

  - o Communicate in simple, unpretentious terms

  - o Don't exhibit nervous mannerisms

- Refrain from using mechanical and repetitious words, phrases and mannerisms which can give the impression of a shallow, hypocritical person

Practical Concerns for Human Relations

It must be emphasized that the primary goal for the DIA in an interpersonal situation is to establish a psychological climate which is conducive to the formation of adequate or effective human relations. The DIA must always weigh the requirements for information gathering and counseling against the need to establish good human relations, considering the time and other resources at his disposal. Human relations endeavors can be overemphasized to the point that a session results in little else other than chit-chat and insubstantial dialogue.

No matter how competent the DIA may become in human relations, the guilt, resentment, anxiety and hostility of some clients may be too strong to overcome in the time available to the DIA. The DIA can only be expected to do his best.

Section 8

Background for Interviewing and Counseling

Introduction

It is not the object or purpose of this training program to make professional interviewers, counselors, or clinical psychologists out of the trainees. To do so would require considerably more education and practicum than this course provides. What is intended is to enable the trainees, as DIAs, to function as effective "practical" interviewers and counselors on the job, as this is the necessary level of involvement for the DIA. While background information on interviewing/counseling theory and practice is provided in this section along with skill development opportunities in laboratory sessions, the DIA will acquire most of his skills while on-the-job. No absolute or universal interviewing approach or style will be prescribed. It is the intent of this section dealing with theory and practice to provide useful guidelines to the trainee, derived from the experiences of many interviewers and counselors, so that the trainee may expeditiously develop his own effective individual style(s) of interviewing and counseling.

Objectives of Interviewing and Counseling

Interviewing. This is a process involving the actions and attempts of one human being (an interviewer) to obtain valid and reliable information from another (the interviewee or client). As such, it is a process which draws heavily upon an individual's competence in human communications and human relations. Proficiency in both of these areas is essential to both effective interviewing and counseling practice. What distinguishes an interview from the many conversations and interactions that a person has with other people are the following:

- It has a somewhat specialized pattern of verbal interaction (interviewer/questioner and an interviewee/respondent)
- It is initiated for a specific purpose or purposes
- It is focused on some specific content area(s) with the consequent elimination of extraneous material

The kind of information which is sought in an interview typically comprises subjective material such as a person's attitudes, values, feelings, hopes plans, and self-descriptions, in addition to more objective, factual data (frequently biographical and experiential). The interview techniques to be employed

by the DIA are not designed to penetrate deeply into the personality and personal life of the client or his unconscious mind. In other words, the DIA will not be conducting psychiatric interviews associated with psychotherapeutic processess. The objectives of the interview process strictly relate to the obtaining of information which is or should be relatively available to the client. Although "interviews" may be conducted through the use of written questionnaires, the interview format which will be discussed is the face to face or personal interview (the personal interview has the advantage of assessing non-verbal communications). A major objective for the DIA to accomplish in the problem driver interview, by careful questioning and probing, is to obtain as much information as possible to enable an accurate diagnosis of his client's apparent problem(s) or behavioral deficiency(ies) (e.g., such problems as inattention, attitude/personality, knowledge deficiency, perceptual motor, sensory, illness, physical or mental impairments, etc.)

Counseling. This term has been used by the helping professions to refer to such activities as offering assistance with marital problems and career development to psychotherapy for the mentally ill. However, the term "counseling" will be reserved for assistance rendered to more or less normal, well-adjusted persons (the problem driver) and the term psychotherapy to the assistance rendered to mentally ill persons (persons with serious emotional problems and significant difficulties in coping with life). The counseling process may involve any or all of the following activities initiated and controlled by a counselor (the DIA) with respect to a counselee or client:

- Imparting of facts (education)
- Development of awareness concerning an individual's perceptions, attitudes, motivations and capacities (or limitations)
- Offering of encouragement
- Establishment of "conditions" which develop the desire for an individual to voluntarily change his behavior for the better
- Where necessary, the offering of advice or suggestions to correct or ameliorate apparent behavioral deficiencies

The prevailing emphasis in counseling practice is a recognition of an individual's right to make choices, to be independent and autonomous with the attendant requirement for the counselor to refrain from admonishing, threatening or compelling the client in any heavy-handed way (disciplining is not counseling). Counseling may be of the individual variety (one counselor and one client) or group variety (one counselor and several clients). Generally accepted concepts and practices related to the interviewing and counseling processes will be discussed subsequently.

Initial Considerations

Preparation. Whether the DIA is planning to function as an interviewer, counselor or both, he must adequately prepare himself for the initial encounter with the client to enhance the chances of a successful session. The DIA must have a clear, operational understanding of the objectives of the client contact--the departmental goals. A thorough understanding of the objectives creates topical areas for exploration, supplies the criteria for critical evaluation of information received and provides guidelines for probing for additional information when necessary. The DIA must familarize himself with the important facts and aspects of the client case file(s). Based on his understanding of the goals for the session and his knowledge of relevant facts regarding client case, he should formulate plans and strategies for accomplishing the objectives of the session. Whatever approaches the DIA formulates should not constitute a rigid "game plan". He should entertain alternative means for attaining objectives and be prepared to substitute alternatives when a particular approach appears to be ineffective. Upon becoming familiar with the goals/objectives of an interview, the DIA should guard against biasing his behavior (actions and perceptions) in favor of supporting a particular outcome or supposition, to the exclusion of making inquiries or accepting information which may be contradictory to expectations.

Setting. The nature of the physical setting for interaction with a client an important factor. It should be comfortable (temperature, humidity, lighting, prevailing sound levels, etc.), not formal or austere. It should be visually and auditorily private and free from distractions and interruptions. It should connote a neutral or friendly psychological atmosphere (i.e., where possible, it should not be located in a police headquarters or court building or any facility which has an authoritarian atmosphere).

Initial client contact. What transpires during the early phases of client contact is very influential to the outcome of the client contact session. The DIA should be mindful of the need to establish a cordial working relationship with the client as soon as possible. During the initial contact, the DIA should introduce himself in a friendly manner, state his title, offer a handshake (where appropriate) and a comfortable seat to the client. Basically, all the rules of common courtesy apply. In only the necessary detail to be generally informative, the DIA should brief the client on the following points:

- The reason(s) why he was invited to attend
- The objective(s) and outcome(s) anticipated from this or any successive sessions
- The format and any ground rules governing the session including the planned session length

Before initiating the session in any formal sense, the DIA should offer to answer any questions the client may have at this point, and should call for questions, as appropriate, throughout the session to reduce the chances of misunderstandings developing. Despite the measures taken by the department to be as polite and considerate as possible when inviting the client to attend the session, and initial actions taken by the DIA to establish cordial relations, the DIA may still encounter various states of client arousal which the DIA must deal with and attempt to counteract, such as:

- Anxiety--this would be present to a greater or lesser degree in all clients, generated by such things as the pressure of taking time off from his occupation, the threat of loss of license, etc.
- Hostility--he may have great disdain for the department's intrusion into what he thinks are his "private affairs"; he may be overtly aggressive and contemptuous and unable to accept any ideas or suggestions which may contradict his own.
- Guilt--he may be quite embarrassed and feel awkward about the encounter with the DIA; he may show lack of self-esteem.

Basic Interviewing Tasks

Tasks/phases of interviewing. To maximize the flow of relevant information during an interview, the DIA must attend to three basic tasks, namely:

- Accurately receiving verbal and non-verbal communications from the client
- Critically evaluating the information received in terms of:
  - o Objectives of the interview
  - o Quality of interpersonal/human relations
- Regulating his own verbal and non-verbal behavior

Accurate receipt of information. This general task can be partitioned into three subtasks: a) hearing what the client says, b) "seeing what the client says (his non-verbal messages)", and c) remembering what information has been received. The points which follow relate to these subtasks:

- Hearing what the client says. This involves the uncompromising direction of the DIA's attention to the client and the readiness of the DIA to probe for elaboration and clarification, where necessary. Instances where the DIA indicates he has not understood or remembered what the client has said undermine rapport and the maintenance of good human relations as well as degrade the information base. There are several reasons why interviewers frequently fail to accomplish this subtask; the DIA must guard against these:
  - o Preoccupation with note taking and recording of information; what notes are taken should be limited to key phrases and should be done inconspicuously
  - o Excessive anxiety by the interviewer; insecurity and tension can cause "mind-blocking" on the part of the interviewer
  - o Loss of interest in the interview or the client as a person
  - o Assuming informational content where the client is vague and failing to probe for clarification; this is often the result of the DIA letting his expectations for information create information where little or no information is forthcoming

- Environmental distractions; this can be an uncomfortable or interruptive environment

- Language/vocabulary barrier; this can be the result of a language, accent, or vocabulary used by either the interviewer or client which is unfamiliar to the other party.

- "Seeing what the client says." This involves the DIA's skills in understanding non-verbal communications. Although there are no universal meanings to the various forms of non-verbal communications discussed in an earlier section, meanings do become apparent when coupled with an understanding of the verbal content and context of a client's communications. With experience, the DIA will learn to identify a client's attitudes and states of mind which are frequently expressed in non-verbal communications, and to recognize when rapport is good and when it is in need of improvement. The DIA is cautioned against allowing himself to unconsciously react to the client's non-verbal messages. To do so may allow the client to wittingly or unwittingly control the situation. The DIA must maintain a high degree of detachment and objectivity and make conscious his observations of client non-verbal behavior.

- Remembering what information has been received. A good memory of what transpires in the interview is helpful for the following reasons:

  - Provides a basis for the DIA to probe for clarification and elaboration where needed

  - Enables the DIA to identify inconsistencies, contradictions and changes in viewpoints even at widely separated times

  - Reduces the requirement for the DIA to take extensive notes during the interview

  - Prevents confusion of the chronology of facts within and between interviews

The DIA is cautioned against the tendency of some interviewers to "selectively" remember, i.e., remember statements which agree with his own viewpoint(s) and expectations and forget those which disagree.

Critical evaluation of information received. A skilled interviewer must be able to instantaneously evaluate information received on a continuous basis. Critical evaluation of client communication involves two basic DIA skills:

- Distinguishing information which is relevant or adequate in terms of the interview objectives from that which is not. The DIA must have a working familiarity with the departmental interview objectives.

- Recognizing both adequate and deficient states of human relations and taking any needed corrective action. This requires that the DIA know and recognize the elements of good human relations and be able to effectively communicate the information to establish and/or reinforce these elements (e.g., empathy, respect, concern, etc.).

Regulating one's own verbal and non-verbal behavior. Once a climate of effective human relations has been established, a flow of information from the client has commenced, and the DIA starts to evaluate this information, then it becomes necessary for the DIA to maintain good human relations and facilitate the flow of valid information responsive to the objectives of the interview. This will involve the judicious employment of the interviewing tactics and techniques to be discussed subsequently. Effective employment of these procedures requires that he use appropriate techniques with which he is familiar and ones with which he feels comfortable. In order to effectively regulate his own behavior, the DIA must actually "observe" himself on a continuous basis (this is not to say the DIA should be outwardly "self-conscious"). He should be concerned not to communicate ego threat messages to the client (e.g., disinterest, disapproval, condescension, disrespect, over-friendliness, etc.) or indications of DIA ineptitude (nervousness, hesitancy, etc.). In avoiding anxiety producing situations, the DIA must be particularly attentive to monitoring his non-verbal behavior where the DIA is more likely to unconsciously communicate his feelings. The DIA must exercise self-discipline in avoiding what may be the personally comfortable or interesting thing to do, at the expense of accomplishing interview objectives. Neither pure socialization nor intensive probing into the personal lives of clients are interview objectives.

Interviewing Methods and Techniques

Approach. Before conducting the actual interview and as a result of preparation for the interview, the DIA should have considered and developed approaches to the following points related to tactics and strategy:

- Type of verbal context anticipated as well as the discussion level/type of vocabulary to be employed

- Scope of questioning, i.e., the topics and subtopics where probing may be necessary

- Potential inhibitors (ego threats) and facilitators (human relations considerations) of communication

Basic interviewing technique . During the interview, the DIA should be prepared to accomplish the following, as appropriate to the individual being questioned and the stage of the interview:

- Select the appropriate vocabulary. Vocabulary used should be appropriate to the background of the client and thus clearly understood. It may be necessary to explain certain technical words to the client so that he may answer a particular question. This does not mean that the DIA should force answers, but occasionally supply words where the client might have difficulty in responding at all. The DIA should avoid the use of emotionally charged words and jargon.

- Determine the appropriate scope of questioning. The scope may range from general/open-ended questions (e.g., "What do you think accounts for your traffic violations?") which provide the client with a great deal of latitude for structuring his response, to specific questions (e.g., "How is your vision?"). Broad questions are useful to:

  - o Obtain information which may be distorted by the effect of many specific questions

  - o Motivate subjects to respond

  - o Determine a client's weighting of the importance of various aspects of a topic

  - o Determine the client's lines of association for various facts, events, etc.

  - o Discover the client's frame of reference in a topical area (specific questions tend to reflect the DIA's frame of reference)

  - o Identify a client's understanding of any chronology of events

- Determine the client's level of verbal skill
- Identify areas of ego threat without the risk of a probe with a direct question
- Test the client's ability to recall facts or experiences
- Allow the client to tell his side of the story in his own words, when establishing initial rapport

Specific questions are useful to:

- Reduce the ego threat when a client is at a loss to respond to a general question
- Arouse the client's interest in certain topical areas, especially when the specific questions also carry specific answer alternatives
- Assist a client's memory when specific answer alternatives are provided
- Reduce chronological confusion

. Review certain case facts before questioning to refresh and stimulate the client's memory.

. Define any terms used which might be unfamiliar to the client by preceding a question with a background/contexual statement. This reduces potential ego threat due to client ignorance.

. Provide time frames and spatial references, where necessary, to obtain refined answers to questions dealing with estimated change or impact.

. Supply relevant examples for any generalized concept-related questions.

. Supply known factual background for any questions which might be answered falsely. If the client is caught making a false statement, it can jeopardize the interview rapport.

- Ask for a client's frame of reference for any answers given if such is not apparent.

- Phrase questions in such a manner as to minimize the chances of ego threat.

Topic control. The control of the interview rests with the DIA. This control is mostly related to the sequencing of questions in various topical areas. The DIA should have at least some predetermined topical guide to generally structure the interview. He should be prepared to reorder the sequence of topics to suit a more natural sequence which may become apparent during the course of the interview. It is usually desirable to ask general, open-ended questions at the beginning of the interview which will allow the client to reduce his tensions and anxieties. Some questions at the opening of an interview may have to be "wasted" in a strict information-getting sense, to establish rapport and achieve a degree of empathy with the client. A typically employed sequence of questions within a topical area is the "funnel sequence"--an opening with general questions and a progression towards more specific questions. In some cases, a "reverse funnel sequence" is advantageous (specific to general). In cases where the subject experiences apparent difficulty in responding to general questions, the initial use of simplified, specific questions can result in answers from the client which help to establish his confidence and give momentum to the interview. Answers to specific questions can also help to develop a valid basis for the client to answer general questions calling for related evaluations or judgments. Any questions dealing with a client's philosophy or ethics are often best left to the latter stages of the interview. Such questions asked early in the interview may cause the client to bias answers to later related questions so that they are consistent with earlier expressed philosophy.

Probing. Initial answers to questions in a topical area may not be adequate and the DIA may have to "probe" for elaboration or clarification. Some of the probing techniques which the DIA may employ are listed below:

- Silence. Following an answer to a question, silence on the part of the DIA can prompt the client to elaborate upon his answer (it should not be a protracted period of silence which could make the client uneasy and feel that the DIA is not involved). If the DIA is uneasy about occasional periods of silence and maintains an uninterrupted flow of conversation, this may indicate to the client that the DIA is insecure and anxious, causing the client to become

unnecessarily anxious himself. A wait of at least 2 seconds after an answer is often a safe period to avoid interrupting a client's train of thought. Some clients may pause up to 15 seconds before continuing an answer to a question. The DIA should carefully observe the non-verbal behavior of a client to determine whether a client has completed his initial answer to a question.

- Encouragement. This includes all verbal and non-verbal behavior by the DIA to indicate acknowledgement/acceptance of what the client has said and implicit encouragement for him to continue. Verbal responses may include those such as "I see," "I understand," "Right," "Uh-huh," "Hm-mm," etc. Non-verbal responses may include a head nod, expectant facial expression, etc.

- Elaboration. This is a request for more related information. It involves the use of expressions such as "Then what happened...," "Tell me more...," "And then..." by the DIA in response to a client's answer.

- Clarification. This is not only a request for more information on a given topic, but a specification of the type of information needed. Clarification probes employ the basic interrogatives (who, what, where, when, why, and how) in specifically worded questions, e.g.,

  - o Who was riding with you at the time?
  - o What did you see just before you entered the intersection?
  - o Where do you think the greatest improvement can occur?
  - o When did you last have an eye examination?
  - o Why do you feel you have been accumulating traffic violations recently?
  - o How do you normally travel to and from work?

- Recapitulation. In this case, the DIA may wish to reexamine and pursue some earlier points in the interview. This probe takes the form of a brief summary of the pertinent information of record, coupled with an elaborative/clarifying question, e.g., "You said previously that you had been experiencing occasional headaches while driving at night. Can you tell me more about this?"

Reflection. This refers to any attempt by the DIA to elicit additional information by repeating a client's implicit or explicit communication without including a direct question. There are three examples of reflective probes:

- o Echo--a repetition of certain words/phrases from a previous response
- o Interpretive--an attempt to reflect the meaning or feeling of a client's statement
- o Summary--an attempt to combine/summarize selected phrases/statements from extensive client response or from several previous responses

Echo probes can be ineffective if the repeated statement has little impact or content value for the client. In this case the client would be inclined to mechanically answer "Yes," "That's right," "Uh-huh" or "That's what I said." If an echo probe is inappropriately used or overused, the client may feel that the DIA is disinterested or synthetic in his behavior. If an echo probe is used correctly, the client can appreciate that the DIA sees importance in his statement and wishes him to elaborate. Interpretive probes, well executed, indicate to the client that the DIA is interested in what the client is saying and are instrumental in showing DIA empathy. These probes, of course, should be devoid of any overtones of moral judgment. Incorrect or distorted summary probes by the DIA may encourage extensive and illuminating counterresponses by the client or may damage rapport. The DIA should be careful to formulate accurate and sensitive summary probes in most cases.

Handling client resistance. There will be times when the DIA will encounter clients who are reticent or uncooperative during an interview. When a client feels that his self-esteem, prestige, competence, philosophy, intelligence, etc. has or will be compromised, threatened or criticized, what is termed an "ego threat" results which can make the client resentful, anxious and uncommunicative. Implicit or explicit criticism by the DIA can precipitate this. The feeling that the DIA may disapprove of what the client may say can cause this also. The degree of uncommunicativeness resultant from an ego threat can range from conscious reluctance to communicate to complete unconscious forgetting of information related to the ego threat. People may

react to ego threats in a number of ways which have been termed "ego defense mechanisms". These are ways of reducing the anxiety attendant to an ego threat. Some of the defense mechanisms which may be encountered in the problem driver interview are:

- Repression--
  unconscious forgetting

- Rationalization--
  an attempt to create a plausible, justifiable, and sometimes elaborate explanation which will relieve one of any blame or responsibility for some situation or action

- Projection/depersonalization--
  ascribing one's behavioral inadequacies to other parties or the population at large

- Evasion--
  an attempt to change the subject or give an unresponsive or devious answer

- Minimization--
  a de-emphasis of the importance, gravity, criticality of a situation or event

- Falsification--
  this can be outright lying or denial of an event or action

The problem here is for the DIA to recognize ego defensive behavior, attempt to identify the ego threat and by skillful reformulation of questions and probing to reduce the ego threat and obviate the defensive behavior--thereby establishing/reestablishing the flow of communication. In some cases, terminating the discussion of an ego threatening topic and waiting for better rapport to develop during the interview before resuming the discussion is an effective tactic.

The DIA may observe defensive behavior or resistance in a number of specific forms. Some of these forms may be broadly represented in the following types of resistant responses by the client:

- "I don't know, I don't remember!". Instead of conscious or unconscious resistance, this is often the client's expression of cautiousness, or tentativeness on the part of the client. A moment of silence as a response by the DIA is often effective in eliciting an answer.

- "What do you think about that?". This is a form of hedging and uncertainty. It is the client's way of attempting to find out what the DIA thinks about a certain matter before he answers related questions. It is generally wise for the DIA to diplomatically dodge such a question if to answer this question would compromise the quality and validity of the desired information. If answering such a question could improve human relations without compromising interview objectives, then the DIA might consider doing so.

- "What do you mean by that?". Most often, this is a sincere request for clarification. In providing any clarification, the DIA must be careful not to change the question or suggest a particular answer. In some cases, it may be preferred to request the subject to answer the questions in terms of what it means to him and then to repeat the question. This also could be a mild form of resistance and an attempt to shift attention from the client to the DIA.

Dealing with client defensiveness presents special problems. As a rule, it is better to leave questions which might generate false or evasive answers to the end of the interview where maximum rapport will be evident and needs for defensive reaction reduced. Sometimes, it is desirable to let the client know that the DIA already has information which the client might be reluctant to provide himself.

DIA attitudes and motivations. In the interview situation, the DIA's approach to the interview as influenced by his attitudes and motivations is crucial in determining the outcome. The DIA should be basically non-judgmental and non-argumentative. The DIA should show lively interest in the objectives of the interview and what the client has to say. He should never prejudge a client--each is an individual and is unique to some degree. Lack of interest can result in a superficial interaction and give the client the impression that the DIA is not serious or competent. The DIA should never use a condescending tone which appears as if the DIA feels superior or disinterested. He should praise the client's responses of high informational quality (i.e., responsiveness, detail, completeness) and not be influenced by the moral or philosophical implications of the responses during the interview. The DIA must be constantly evaluative of the quality of information being received and be concerned with such needs as:

- Verifying the precision of facts, correctness of inferences, and the chronology of events

- Assisting the client's memory where needed

- Assuring that inconsistencies, contradictions and omissions are clarified and/or resolved

- Keeping the interview topical and on target

The DIA should exhibit poise and self-confidence and sincerely expect to be successful in his efforts. DIA anxiety (e.g., hesitancy, rigidly cautious manner, self-consciousness, etc.) often expressed as an apologetic approach to questioning can cause a reciprocal reaction in the client and an inhibition of communication. Anxiety might be interpreted by the client as guilt on the part of the DIA over some hidden purpose for the interview. The DIA must keep an accurate, readily available account of the proceedings (memory, judicious notes, tape recording, etc.). Failure to remember or indicate an understanding of what the client has previously said can pose an ego threat to the client.

Counseling

General considerations. Some of the more prevalent approaches in this field will be reviewed to give the trainee some very general background in the various counseling processes which are being used today. Specific counseling techniques and procedures which the DIA will employ in support of departmentally sponsored programs will be found in the section of this document dealing with departmental policy and procedures.

Counseling approaches. In general, the various approaches to the counseling process may be organized under three major categories: insight, action, and eclectic.

- Insight approaches. A notable example of this orientation is the client-centered, non-directive approach of Carl Rogers. Insight approaches imply that the primary objective of counseling is to help the client achieve an understanding of and insight into his thoughts, feelings and behavior. Major control of the counseling process rests with the client, with the counselor facilitating rather than directing the client's efforts to achieve insight and understanding. The counselor provides a supportive atmosphere to facilitate client inquiry, regardless of where the dialogue may lead. The efforts and decisions regarding behavioral change after counseling remain the responsibility of the client. The major concern of these approaches is not the immediate elimination of the client's problems, but the development of greater insight by the client into why he is what he is as a person.

- Action approaches. These approaches do not primarily try to strive for client insight and understanding, but concentrate on the elimination of the client's problems. Underlying action approaches is the assertion that client problems are largely the result of inappropriate learning and the acquisition of maladjusted habits and that as such, ineffective behavioral patterns can be modified or eliminated by human learning/conditioning techniques. Foremost among these approaches is what has been termed "behavioral counseling". The techniques employed in this approach are embodied in learning theory and the work of such notable psychologists as Thorndike, Guthrie, Pavlov, Skinner, etc. Behavioral counseling is primarily based on the learning principle of positive reinforcement or reward. Learning studies have demonstrated that reinforced behavior will tend to become established and repeated and that unreinforced behavior will tend to occur less frequently. Thus when the client behaves in an appropriate way the counselor reinforces his behavior. Generally, the counselor uses verbal and non-verbal reinforcements to promote or condition certain client verbal responses (this has been termed verbal operant conditioning). The counselor must assess the client's needs for counseling and determine which types of responses he will reinforce. When the client makes a desirable response, the counselor may give a non-verbal reinforcement (e.g., approving head nod, a smile) and/or a verbal reinforcement (e.g., "good," "fine idea," "I agree"). The counselor does not respond to client responses which are not related to counseling objectives. He does not even respond negatively to responses that are not to be reinforced. It is the counselor's responsibility to direct and maintain the client's focus on his problem areas and encourage appropriate constructive thinking.

- Eclectic approaches. Rather than making a total commitment to one theoretical position as an approach to counseling, some counselors use alternately several approaches to the counseling process. Thus some counselors find it effective to apply both non-directive/insight techniques and directive/action techniques to the same or different clients, allowing for the fact that different approaches are differentially effective for different people.

Counseling formats. The two major formats for the counseling process are the individual and group formats.

- Individual counseling. This involves one counselor and one client. Some individuals are taciturn and feel inhibited in a group situation. Such clients who are not suited to group processes/ dynamics receive greater benefit from the intimacy, privacy and individual attention to be found in the one on one format. The individual counseling format is a more costly approach in terms of counselor time as measured against the volume of clients handled.

- Group counseling. This involves one counselor and several clients (generally not to exceed 12). Often clients feel more relaxed, confident, and communicative in a group context, with the reduced visibility of the counselor. A sharing of individual attitudes and experiences is a primary event in group counseling, as well as the development of interpersonal relationships. A feeling of independence, group thinking, and self-help is characteristic of the dynamics of the group counseling format. Homogeneity in age and social maturity is generally desirable for group members. Aggressive or extremely shy individuals generally are not suited to the group format. The counselor is generally responsible for guiding the group's activities toward counseling objectives in an inconspicious way. He encourages members to set goals for accomplishment. He reminds the group that each member is responsible for understanding and helping each other member as well as himself. He encourages participation in group discussions by all individuals. It is a more difficult task for the counselor to observe, evaluate, and guide behavior of several individuals at one time. In some cases, the interaction with others in a group context is a more forceful and enduring way to modify attitudes and behavior than the individual format. The group counseling format may not necessarily be devoted entirely to group paced interaction, but may involve an educational phase or presentation of information which is controlled by the counselor. The phases of development often can be distinguished in the group process as an initial exposition of individual attitudes and characteristics, a transition to an awareness of the need for behavior modification, followed by a commitment to earnestly seeking solutions to problems.

Both the individual and group counseling approaches seek to help the clients achieve self-understanding, and self-direction. Both are predicated upon the establishment of a permissive, non-threatening psychological climate where client self-revelation may occur. In group, the client is more likely involved in creating insights and solutions rather than accepting

same. The counselor's task is more complicated in the group format for he must understand the output of each individual as well as its impact on group members.

Things to look for in counseling. In the course of attempting to evaluate and influence a client's attitudes and behavior during the counseling session, the DIA as a counselor should be attentive to:

- Opening and closing remarks/association of ideas--these reveal initial attitudes and motivations and shifts
- Topical shifts--these are often used by a client when he feels he has been too self-revealing
- Recurrent references--these can reveal a conflict or blocking which prevents progress
- Non-verbal behavior--as with the interviewing, this form of communication is particularly revealing of attitudes and emotional states

Summary

Whether involved in interviewing or counseling, the DIA must continually maintain a diagnostic awareness of the potential problem area(s) of the client and be prepared to modify his diagnoses or evaluations based on new information. The DIA should always be prepared to make a referral of a client whose problem appears to be out of scope for the DIA. Such apparent problems as a physical or mental illness, alcoholism, and drug addiction require that the DIA refer the problem driver to a competent authority for examination, evaluation, and necessary treatment. Written permission of the client is generally required to forward case information to the particular authority.

Section 9

Legal Aspects of Driver Improvement and Control Actions

Legal Considerations Regarding the Driver's License

The nature of the driver's license has been a topic of lively discussion for many years in terms of it being a "privilege" or a "right". If it were considered a privilege, justification could be made for it being subject to regulation by the state and for summarial license suspension or revocation without affording a driver an opportunity for a hearing (i.e., not under the due process provision of the 14th Ammendment of the United States Constitution). If it were considered a property right, the case could be made for it not being regulated by the state and subject to the provisions of due process before it is withdrawn. Early court precedents are of interest in supporting both views:

- LaPlante v. State Board of Public Roads, 47 R.I. 258, 131 A 641 (1926) held that:
  - The license was a privilege within the meaning of "due process."
  - Suspension of a license without a hearing did not deprive the driver of his property without due process.
  - This original decision was subsequently overruled by the Rhode Island Court in 1958 and is no longer law in that state.
- Thompson v. Smith 155 Va. 367, 154 S.E. 539, 71 A.L.R. 604 (1930) held that:
  - While a driver's license may not be a property right in the strict sense, it is something more than a privilege; it is in the nature of a "liberty" which is under the provisions of the 14th Ammendment.
  - Thus it cannot be curtailed or denied by a state without due process of law.

Recent court decisions have had considerable impact on driver improvement and control procedures:

- Bell v. Burson 402 U.S. 535 (1970) held that:
  - o In many cases, the driver must have an opportunity to state his side of the case in a hearing before his driver's license is suspended or revoked.
  - o Only under certain "emergency" conditions could the hearing requirement be waived (i.e., "emergency doctrine").
- Reese v. Kasave 334 Fed. Sup. 744 Western District Penn. (1971) held that:
  - o Automatic suspension without a hearing opportunity was unconstitutional under the Bell decision.
- Broughton v. Warren 281 Atlantic 2nd 625 Del. Sup. Court (1971) held that:
  - o Summarial suspensions were valid under the conditions of the "emergency doctrine" embodied in the Bell decision.
- Fuentes v. Shevin 407 U.S. 67 (1972) held that:
  - o A notice of hearing opportunity prior to suspension must be timely before any action is taken.
  - o Such notice must allow sufficient time for a stay of action if the case warrants it.

In view of the foregoing, the following principles are generally adhered to by most licensing authorities. Whatever the nature of a driver's license may be, the right to use the highways for travel by motor vehicles can be regulated by the state. The manner in which the use of highways is regulated in regard to licenses being refused or withdrawn, must be consistent with the principles of due process. In discretionary cases, due process could mean the granting of an opportunity for administrative (departmental) hearing with a statutory right to judicial review of the outcome of an administrative hearing. In such a case, an administrative hearing before suspension may not always be required. However, in discretionary cases, the trend of many state legislatures is to require/provide for a hearing <u>opportunity</u> in most cases before the suspension of a license.

General Considerations and Philosophy in Regard to Driver Improvement and Control Actions

It is the primary objective of the driver improvement and control program to improve the behavior of problem drivers, not punish them. Action against a driver's license should only be taken when mandated or required by law and/or when all "reasonable efforts" to improve his behavior have failed. In achieving this end, it is the general philosophy of the department to take the minimum effective action deemed necessary to correct or control a problem driver's behavior. The department attempts to take initial courses of action vis-a-vis a negligent problem driver which emphasize a minimum of threat and formality in an attempt to get the driver to improve his driving behavior to a satisfactory level either on his own (as a result of receiving a warning letter) or as the result of reeducation or counseling. If early attempts to improve an operator's driving performance prove ineffective, then later steps taken involve greater formality of action, definite threat to the driving privilege, and can ultimately result in the restriction or withdrawal (e.g., suspension, revocation) of the driving privilege in an attempt to control the problem driver's behavior.

Any power or authority which the department has for taking driver improvement action is granted through the state statutes. Departmental operating policy is founded upon and derived from this source of legal empowerment. When recommending or taking driver improvement action, the DIA must bear in mind that there always must be reasonable or justifiable grounds for any driver improvement and control action contemplated or taken. Such action cannot be arbitrary or capricious.

DEPARTMENTAL POLICY
AND PROCEDURES

Exhibit 8
Driver improvement and control process

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